Michigan Department of Community Health

MDCH

Jennifer M. Granholm, Governor
Janet Olszewski, Director

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Perinatal Hepatitis B Prevention Program (PHBPP)

Michigan Perinatal Hepatitis B Prevention Program Staff:

Manager:	Patricia Vranesich	517-335-8159	vranesichp@michigan.gov
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Case Manager/Out-state:	Marcy Smith	517-335-8122	smithm7@michigan.gov

Mission: To identify hepatitis B surface antigen-positive (HBsAg-positive) women prenatally or at delivery for each pregnancy so that their infants, household and sexual contacts can be tested and treated to prevent the spread of the hepatitis B virus (HBV).

Surveillance: Statewide, an average of 300 infants born to HBsAg-positive women is reported annually. Based on Centers for Disease Control and Prevention (CDC) estimates, 396-597 infants born to HBsAg-positive women should be identified annually.

Prevention: Prevention of perinatal hepatitis B transmission requires the coordinated transfer of information between laboratories, primary care providers, hospitals, and the local/state health departments to ensure that all:

- Pregnant women are screened for HBsAg, all HBsAg-positive results are reported to the local health department (LHD) in the county where the patient resides within 24 hours, and the results are sent to the delivery hospital with the prenatal care record.
- Household and sexual contacts of HBsAg-positive pregnant women are identified, tested and immunized if susceptible.
- Infants of HBsAg-positive women receive appropriate prophylaxis and post-vaccination serology.
- All infants receive the birth dose of hepB vaccine prior to hospital discharge.

To view the manual in its entirety or to obtain additional copies go to www.michigan.gov/hepatitisB.

See the 12/23/05 MMWR: "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States" for the latest Advisory Committee on Immunization Practices (ACIP) recommendations, at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm.

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Your Role in the Perinatal Hepatitis B Prevention Program (PHBPP)

If you work in a laboratory:

- Report all hepatitis B surface antigen-positive (HBsAg-positive) results to the local health department (LHD) in the county where the patient resides within 24 hours of discovery
- Report all HBsAg results to the ordering physician

If you provide prenatal care:

- Test every pregnant woman during each pregnancy for HBsAg
- Inform pregnant women of their HBsAg status
- Send copy of HBsAg test result for current pregnancy with prenatal records to delivery hospital
- Report all HBsAg-positive pregnant women to the LHD within 24 hours
- Counsel HBsAg-positive pregnant women about their status and refer for appropriate care
- Contact the pediatric provider to communicate the woman's HBsAg-positive status and the need for hepatitis B (hepB) vaccination and hepatitis B immune globulin (HBIG) for the infant
- Assess HBsAg-negative pregnant woman's risk for hepatitis B infection
- Counsel HBsAg-negative pregnant woman on methods to prevent hepatitis B transmission
- Vaccinate pregnant HBsAg-negative women if high risk
- Retest high risk pregnant HBsAg-negative women in their last trimester

If you work in the hospital labor and delivery unit or in the nursery unit:

- Review and record the maternal HBsAg test result for the current pregnancy on both labor and delivery record and on infant's delivery summary sheet
    - If a woman presents with an unknown HBsAg status or with risk factors, test STAT
    - If STAT test is HBsAg-positive, report to the LHD within 24 hours
- Give all infants single-antigen hepB vaccine at birth
- Give all infants born to HBsAg-positive women single-antigen hepB vaccine and HBIG within 12 hours of birth
- Report administration of HBIG and hepB on the electronic birth certificate (EBC) worksheet
- Record the maternal HBsAg testing date and result on all newborn screening (NBS) cards
- Report all HBsAg-positive women and the HBIG and hepB administration to the PHBPP

If you provide pediatric care:

- Know the maternal HBsAg status for all infants to whom you provide care
- Complete the recommended hepB vaccine series and post-vaccination serology for all infants born to HBsAg-positive women
    - If infant is HBsAg and anti-HBs negative, repeat three doses of hepB vaccine and retest one month later
    - If the infant is HBsAg-positive, counsel the family and refer the infant for appropriate care
- Record vaccine administration in the Michigan Care Improvement Registry (MCIR)
- Report hepB administration and post-vaccination serology results to the PHBPP

If you provide health care to a contact of an HBsAg-positive woman:

- Identify, test and treat all household and sexual contacts of women who are HBsAg-positive
- Counsel HBsAg-positive contacts and refer them for appropriate care
- Give susceptible contacts three doses of hepB vaccine and complete post-vaccination serology
- Record vaccine administration in the Michigan Care Improvement Registry (MCIR)
- Report hepB administration and post-vaccination serology results to the PHBPP

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Perinatal Hepatitis B Prevention Program (PHBPP) Services

Universal Hepatitis B Vaccination Program:
Hospitals who are enrolled in this program receive free hepatitis B (hepB) vaccine to give to all infants at birth. This service acts as a "safety net" to prevent both horizontal and vertical transmission.

Hepatitis B vaccine and hepatitis B immune globulin (HBIG):
Infants, household and sexual contacts enrolled in the perinatal program are eligible for free hepB vaccine, HBIG, and testing.

Free Hepatitis B test kits are available for:

- Pregnant women who do not have insurance or Medicaid, for the initial prenatal work-up and for re-testing if high risk
- Infants born to hepatitis B surface antigen-positive (HBsAg-positive) women after completion of the hepB vaccine series
- Household and sexual contacts of HBsAg-positive pregnant women

Case management services:
Educational information, support and tracking are provided to ensure hepatitis B vaccine series completion and testing. These services are available to all infants, household and sexual contacts associated with the pregnant HBsAg-positive woman reported to the PHBPP.

Guide to Perinatal Hepatitis B Prevention:
A comprehensive manual is available at www.michigan.gov/hepatitisB with sections specifically designed for:

- OB/GYN Providers
- Laboratories
- Hospitals
- Local Health Departments
- Family Practice Providers
- Pediatric Care Providers

Educational sessions:

- Perinatal Hepatitis B Prevention with 1.0 contact hours
- Hepatitis A-E with 1.5 contact hours
- Hepatitis A-E and post-exposure prophylaxis with 1.5 contact hours

If you have any questions, or for additional information on how to obtain these services contact the PHBPP staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

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Michigan Infant Dies from Perinatal Hepatitis B Virus (HBV) Infection

A three-month-old infant died from acute HBV infection due to an error in reporting. After a review of provider and hospital records, it was determined that the infant's mother was chronically infected with HBV and tested hepatitis B surface antigen-positive (HBsAg-positive) during her pregnancy. Unfortunately, the test results were not reported from the laboratory to the local health department (LHD), and the provider inaccurately reported the mother's results as HBsAg-negative to the delivery hospital.

Since the information from the prenatal care provider indicated that the infant's mother was negative for HBV, the infant did not receive hepB vaccine or hepatitis B immune globulin (HBIG) as recommended for all infants born to HBsAg-positive women. The infant became ill at three months of age and died less than two weeks later due to fulminant HBV infection.

This tragedy illustrates the necessity that all laboratories and ordering physicians comply with Michigan law. It is absolutely critical that every HBsAg-positive result for pregnant women is reported to the LHD and to the delivery hospital.

What Happens to Infants Born to HBsAg-positive Women?

WITHOUT HepB vaccine or HBIG:

- 90% will be at risk for chronic infection
- 25% of those infected will die due to chronic liver disease

WITH HepB vaccine alone in a 3 or 4 dose series started at birth:

- 70% - 95% will be protected from getting HBV infection

WITH HepB vaccine and HBIG started at birth:

- 80% - 95% will be protected from getting HBV infection

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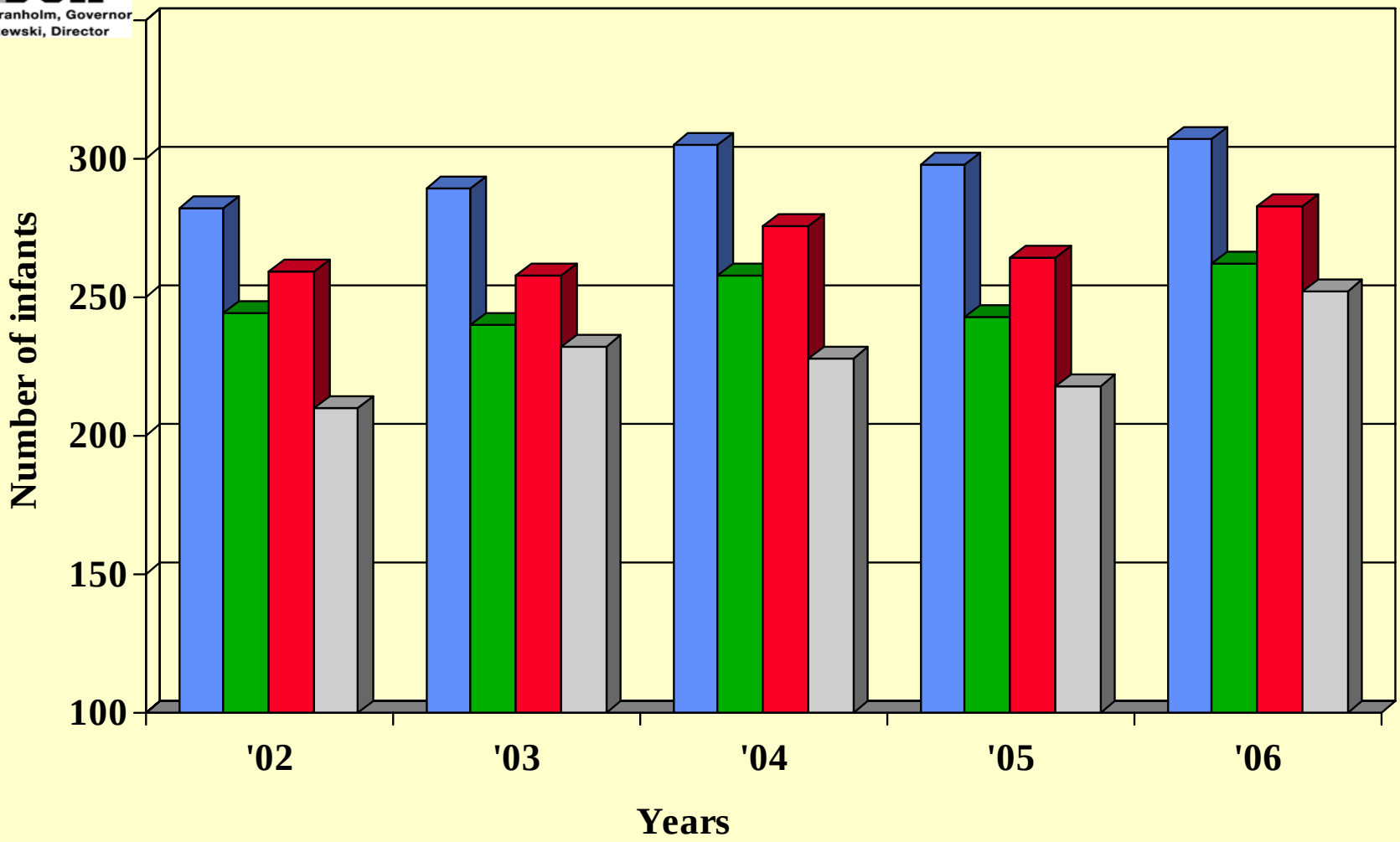
Perinatal Hepatitis B Prevention Program



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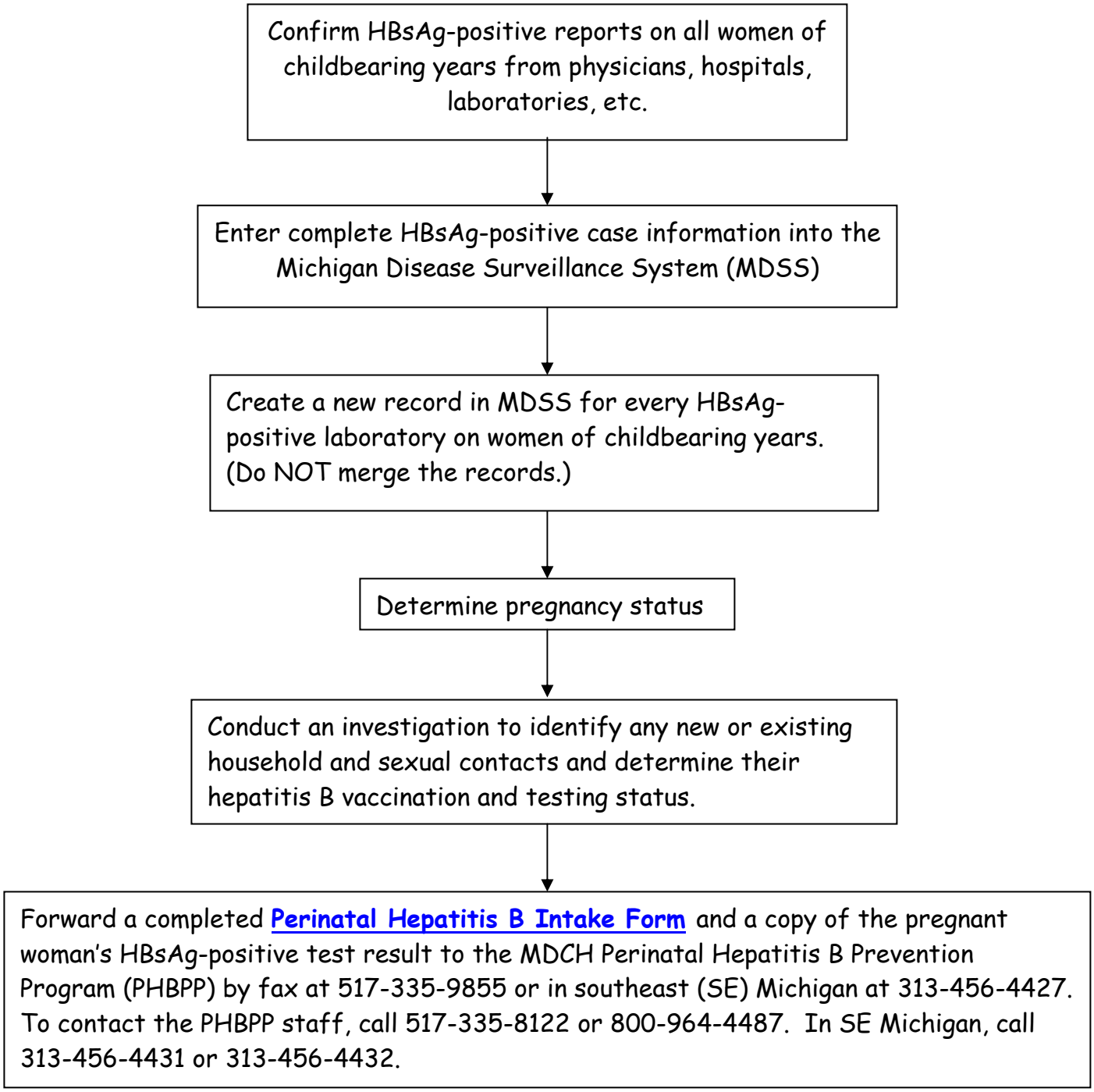
Local Health Department Responsibilities in Reporting Hepatitis B Surface Antigen-Positive (HBsAg-positive) Pregnant Women



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Local Health Department Role in Case Management

The Perinatal Hepatitis B Prevention Program (PHBPP) Mission: To identify hepatitis B surface antigen-positive (HBsAg-positive) women prenatally or at delivery so that their infants, household and sexual contacts can be tested and treated to prevent the spread of hepatitis B virus (HBV).

Local Health Department (LHD) Role:

1. Determine pregnancy status for all reported HBsAg-positive women of childbearing years
   If pregnant:
   - Verify if both prenatal care provider and lab reported the HBsAg-positive result to the LHD
   - Follow-up with both prenatal care provider and lab if they did not report to help them understand reporting requirements and the PHBPP
   - Complete case information in the Michigan Disease Surveillance System (MDSS) and report to the PHBPP

2. Share information and coordinate case management responsibilities with the PHBPP

3. Contact HBsAg-positive pregnant woman
   - Explain what it means to be infected with HBV
   - Explain how she can take care of herself including regular follow-up by a medical specialist
   - Explain the care her infant will need
   - Explain the care her household and sexual contacts will need
   - Verify all household and sexual contacts, their names, dates of birth, dates of hepatitis B (hepB) vaccinations and dates and results of any hepB blood tests
   - Offer PHBPP services of vaccination and testing for the infant, household and sexual contacts

For questions or assistance please call the PHBPP staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

REPORTABLE DISEASES IN MICHIGAN

A Guide for Physicians, Health Care Providers and Laboratories

The following is a list of conditions that should be reported to the local health department* without delay *if the agent is identified by clinical diagnosis, direct examination, culture, serology, molecular techniques or by histopathology.

Acquired Immunodeficiency Syndrome (**AIDS**)
Avian influenza
Bacillus anthracis (**Anthrax**)
Blastomyces dermatitidis
Bordetella pertussis (**Pertussis**)
Borrelia burgdorferi (**Lyme Disease**)
Brucella species
Burkholderia pseudomallei
Burkholderia mallei
Calymmatobacterium granulomatis
Campylobacter jejuni
Chlamydia psittaci (**Psittacosis**)
Chlamydia trachomatis (**Genital infections**), (**LGV**)
Chlamydia trachomatis (**Trachoma**)
Clostridium botulinum (**Botulism**)
Clostridium tetani (**Tetanus**)
Coccidioides immitis (**Coccidioidomycosis**)
Corynebacterium diphtheriae (**Diphtheria**)
Coxiella burnetii (**Q Fever**)
Cryptococcus neoformans
Cryptosporidium species
Cyclospora species
Dengue virus
Ehrlichia species
Encephalitis, viral
- California serogroup
- Eastern Equine
- Powassan
- St. Louis
- Western Equine
- West Nile
- Unspecified

Entamoeba histolytica (**Amebiasis**)
Escherichia coli, O157:H7 and all other shiga toxin positive serotypes
Francisella tularensis (**Tularemia**)
Giardia lamblia
Guillain-Barre Syndrome
Haemophilus ducreyi (**Chancroid**)
Haemophilus influenzae, <15 years of age, sterile site
Hantavirus
Hemolytic Uremic Syndrome (**HUS**)
Hemorrhagic fever viruses
Hepatitis, viral
- Hepatitis A virus, (**Anti-HAV IgM**)
- Hepatitis B virus, (**HBsAg**)
  within 24 hours on pregnant women
- Hepatitis C virus, (**Anti-HCV**)
- Hepatitis, non-ABC

Histoplasma capsulatum
HIV, (**Confirmed positive HIV serology and detection tests; CD4 counts/percents and all viral loads on people already known to be infected**)
Influenza virus (**Weekly aggregate counts**)
Kawasaki Disease
Leptospira species
Legionella species
Listeria monocytogenes
Meningitis, viral
Meningitis, bacterial
Measles virus (**Rubeola**)
Mumps virus
Mycobacterium bovis
Mycobacterium leprae (**Leprosy**)
Mycobacterium tuberculosis (**Tuberculosis**)
Neisseria gonorrhoeae (**Gonorrhea**)
Neisseria meningitidis, sterile sites (**Meningococcal Disease**)
Orthopox viruses (**Smallpox, Monkeypox**)
Poliovirus
Plasmodium species (**Malaria**)
Rabies virus
Reye's Syndrome
Rheumatic fever
Rickettsia rickettsii (**Rocky Mountain Spotted Fever**)
Rickettsia species (**Typhus Group**)
Rubella virus
Salmonella species
Salmonella typhi (**Typhoid Fever**)
Severe Acute Respiratory Syndrome (**SARS**)
Shigella species
Spongiform Encephalopathy (**Includes CJD**)
Staphylococcus aureus, vancomycin intermediate/resistant (**VISA/VRSA**)
Staphylococcus aureus, (**MRSA**), outbreaks only
Streptococcus pyogenes, group A, sterile sites
Streptococcus pneumoniae, sterile sites, susceptible/resistant
Toxic Shock Syndrome
Treponema pallidum (**Syphilis**)
Trichinella spiralis (**Trichinosis**)
Varicella (**Chickenpox**)
Vibrio cholerae (**Cholera**)
Yellow fever virus
Yersinia enterocolitica
Yersinia pestis (**Plague**)
Unusual occurrence, outbreak or epidemic of any disease or condition

LEGEND

Green Bold Text = An isolate or serum sample, where appropriate, is to be submitted to MDCH or other laboratory designated by MDCH. Confirmed positive HIV diagnostic sera are to be submitted for incidence testing.

Report All Listed Conditions to the Local Health Department (see reverse)

This reporting is expressly allowed under HIPAA Communicable Disease Rules: R 325.171, 172, 173

1/07

DIRECTORY OF MICHIGAN HEALTH DEPARTMENTS BY COUNTY

In general, health care providers should seek consultation regarding communicable disease prevention and control services through their local health department.

Please check your phone directory to see if there is a branch office in your community if the number listed is long distance. Write that number here: _____

COUNTY	HEALTH DEPT.	COUNTY OFFICE	AREA	PHONE	FAX
Alcona	District 2	Harrisville	989	724-6757	343-1894
Alger	LMAS DHD	Munising	906	387-2297	387-2224
Allegan	Allegan County	Allegan	269	673-5411	673-4172
Alpena	District 4	Alpena	989	356-4507	354-0855
Antrim	NW MI Com Health	Bellaire	231	533-8670	533-8450
Arenac	Cent MI DHD	Standish	989	846-6541	846-0431
Baraga	Western UP Dist	Hancock	906	524-6142	524-6144
Barry	Barry-Eaton DHD	Hastings	517	485-7110	543-7737
Bay	Bay County	Bay City	989	895-4001	895-4014
Benzie	Benzie-Leelanau DHD	Benzonia	231	882-4409	882-2204
Berrien	Berrien County	Benton Harbor	269	926-7121	926-8129
Branch	Branch/Hills/St Jo	Coldwater	517	279-9561	278-2923
Calhoun	Calhoun County	Battle Creek	269	969-6370	966-1489
Cass	VanBuren-Cass DHD	Cassopolis	269	445-5280	445-5278
Charlevoix	NW MI Community	Charlevoix	231	547-6523	547-6238
Cheboygan	District 4	Cheboygan	231	627-8850	627-9466
Chippewa	Chippewa County	Sault Ste. Marie	906	635-1566	635-1701
Clare	Cent MI DHD	Harrison	989	539-6731	539-4449
Clinton	Mid-Mich DHD	St. Johns	989	224-2195	224-4300
Crawford	District 10	Grayling	989	348-7800	348-5346
Delta	Delta-Men Dist	Escanaba	906	786-4111	786-7004
Dickinson	Dick-Iron Dist	Iron River	906	265-9913	265-2950
Eaton	Barry-Eaton DHD	Charlotte	517	543-2430	543-2656
Emmet	NW MI Community	Petoskey	231	347-6014	347-2861
Genesee	Genesee County	Flint	810	257-3612	257-3147
Gladwin	Cent MI DHD	Gladwin	989	426-9431	426-6952
Gogebic	Western UP Dist	Bessemer	906	667-0200	667-0020
Gd Trav.	Grand Traverse Co.	Traverse City	231	922-4831	922-4629
Gratiot	Mid-Mich DHD	Ithaca	989	875-3681	875-3747
Hillsdale	Branch/Hills/St Jo	Hillsdale	517	437-7395x200	437-0166
Houghton	Western UP DHD	Hancock	906	482-7382	482-9410
Huron	Huron Co	Bad Axe	989	269-9721	269-4181
Ingham	Ingham Co	Lansing	517	887-4311	887-4310
Ionia	Ionia Co	Ionia	616	527-5341	527-5361
Iosco	District 2	Tawas City	989	362-6183	343-1892
Iron	Dick-Iron DHD	Stambaugh	906	265-9913	265-2950
Isabella	Cent MI DHD	Mt. Pleasant	989	773-5921	773-4319
Jackson	Jackson Co	Jackson	517	768-4420	788-4373
Kalamazoo	Kalamazoo Co	Kalamazoo	269	373-5200	373-5363
Kalkaska	District 10	Kalkaska	231	258-8669	258-2805
Kent	Kent Co	Grand Rapids	616	632-7100	632-7084
Keweenaw	Western UP DHD	Hancock	906	482-7382	482-9410
Lake	District 10	Baldwin	231	745-4663	745-2501
Lapeer	Lapeer Co	Lapeer	810	245-5581	245-4525
Leelanau	Benzie-Leelanau	Lk Leelanau	231	256-0200	882-2204
Lenawee	Lenawee County	Adrian	517	264-5202	264-0790
Livingston	Livingston County	Howell	517	546-9850	546-6995
Luce	LMAS DHD	Newberry	906	293-5107	293-5453
Mackinac	LMAS DHD	St. Ignace	906	643-1100x14	643-7719
Macomb	Macomb County	Mt. Clemens	586	469-5235	469-5885
Manistee	District #10	Manistee	231	723-3595	723-1477
Marquette	Marquette County	Negaunee	906	475-9977	475-9312
Mason	District #10	Ludington	231	845-7381	845-0438
Mecosta	District #10	Big Rapids	231	592-0130	796-7864
Menominee	Delta/Men Dist	Menominee	906	863-4451	863-7142
Midland	Midland County	Midland	989	832-6380	832-6628
Missaukee	District #10	Lake City	231	839-7167	839-7908
Monroe	Monroe County	Monroe	734	240-7800	240-7815
Montcalm	Mid-Mich DHD	Stanton	989	831-5237	831-3666
Montmorency	District 4	Atlanta	989	785-4428	785-2217
Muskegon	Muskegon Co	Muskegon	231	724-6246	724-6674
Newaygo	District 10	White Cloud	231	689-7300	689-7382
Oakland	Oakland County	Pontiac	248	858-1280	858-5639
Oceana	District 10	Hart	231	873-2193	873-4248
Ogemaw	District 2	West Branch	989	345-5020	343-1899
Ontonagon	Western UP Dist	Ontonagon	906	884-4485	884-2358
Osceola	Cent MI Dist	Reed City	231	832-5532	832-1020
Oscoda	District 2	Mio	989	826-3970	343-1895
Otsego	NW MI Dist	Gaylord	989	732-1794	732-3285
Ottawa	Ottawa County	Holland	616	396-5266	393-5643
Pres. Isle	District 4	Rogers City	989	734-4723	734-3866
Roscommon	Cent MI Dist	Prudenville	989	366-9166	366-8921
Saginaw	Saginaw Co	Saginaw	989	758-3800	758-3750
St. Clair	St. Clair Co	Port Huron	810	987-9396	985-2150
St. Joseph	Branch/Hills/St Jo	Three Rivers	269	273-2161x200	273-2452
St. Joseph	Branch/Hills/St.Jo	Sturgis	269	659-4013x200	651-6090
Sanilac	Sanilac	Sandusky	810	648-4098	648-2646
Schoolcraft	LMAS DHD	Manistique	906	341-4113	341-5230
Shiawassee	Shiawassee Co	Corunna	989	743-2318	743-2413
Tuscola	Tuscola Co	Caro	989	673-8114	673-7490
Van Buren	VanBur-Cass DHD	Hartford	269	621-3143	621-2725
Washtenaw	Washtenaw Co	Ypsilanti	734	544-6700	544-6706
Wayne (out-Wayne)	Wayne Co	Wayne	734	727-7006	727-7043
Detroit	Detroit City	Detroit	313	876-4000	871-5363
Wexford	District 10	Cadillac	231	775-9942	775-5372

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Acute Hepatitis B Virus – 2000 Case Definition

Clinical case definition:

An acute illness with:

- Discrete onset of symptoms (e.g. fatigue, abdominal pain, loss of appetite, intermittent nausea, vomiting), and
- Jaundice or elevated serum aminotransferase levels

Laboratory criteria for diagnosis:

- IgM antibody to hepatitis B core antigen (anti-HBc) positive or hepatitis B surface antigen-positive (HBsAg-positive)
- IgM anti-HAV negative (if done)

Case classification:

Confirmed: A case that meets the clinical case definition and is laboratory confirmed

References:

Division of Viral Hepatitis. Guidelines for Viral Hepatitis Surveillance and Case Management. Centers for Disease Control and Prevention. January 2005.

www.cdc.gov/ncphi/disss/nndss/print/hepatitisb2000.htm

Close Form

Viral Hepatitis Case Report

Acute Hepatitis B

Michigan Department of Community Health

Communicable Disease and Immunization Division

Investigation Information

Investigation ID	Part of an outbreak?	Outbreak Name	Referral Date
	○ *Yes* ○ *No* ○ *Unknown*		mm/dd/yyyy

Investigation Status	Case Status
○ *New* ○ *Active* ○ *Completed* ○ *Superceded* ○ *Cancelled*	○ *Confirmed* ○ *Not a Case* ○ *Probable* ○ *Suspect* ○ *Unknown*

Patient Status	Patient Status Date	Diagnosis Date	Onset Date
○ *Inpatient* ○ *Outpatient* ○ *Died*	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy

Patient Information

Patient ID	First	Last	Middle

Street Address

City	County	State	Zip

Home Phone	Ext.	Other Phone	Ext.
###-###-####		###-###-####	

Parent/Guardian (required if under 18)

First	Last	Middle

Demographics

Sex	Date of Birth	Age	Age Units
○ *Male* ○ *Female* ○ *Unknown*	mm/dd/yyyy		○ *Days* ○ *Months* ○ *Years*

Race

○ *Caucasian* ○ *African American* ○ *American Indian/Alaska Native* ○ *Hawaiian/Pacific Islander*
○ *Asian* ○ *Unknown* ○ *Other (Specify)*_____

Ethnicity	Worksites/School	Occupations/Grade
○ *Hispanic/Latino* ○ *Non-Hispanic/Latino* ○ *Unknown*		

Referral Information

Person Providing Referral

First	Last	Phone	Ext.	Email
		###-###-####		

Primary Physician

First	Last	Phone	Ext.	Email
		###-###-####		

Street Address

City	County	State	Zip

Hospital Information

Patient Hospitalized	Hospital	Hospital City	Hospital Record No.
○ Yes ○ No ○ Unknown			

Admission Date	Discharge Date	Days Hospitalized
mm/dd/yyyy	mm/dd/yyyy	

Clinical Information and Patient History

Place of Birth:	Did the patient die from hepatitis?	If yes, specify the date of death:
○ USA ○ Other_____	○ Yes ○ No ○ Unknown	mm/dd/yyyy

Reason for Testing:
(Check all that apply)

- ☐ *Symptoms of acute hepatitis*
- ☐ *Evaluation of elevated liver enzymes*
- ☐ *Screening of asymptomatic patient with reported risk factors*
- ☐ *Blood / Organ donor screening*
- ☐ *Screening of asymptomatic patient with no risk factors (e.g., patient requested)*
- ☐ *Follow-up testing for previous marker of viral hepatitis*
- ☐ *Prenatal screening*
- ☐ *Unknown*
- ☐ *Other*_____

Is the patient symptomatic?	Is or was the patient jaundiced?	Is or was the patient pregnant?	If yes, specify the due or delivery date:
○ Yes ○ No ○ Unknown	○ Yes ○ No ○ Unknown	○ Yes ○ No ○ Unknown	mm/dd/yyyy

Diagnosis:
(Check all that apply)

- ☐ *Acute hepatitis A*
- ☐ *Acute hepatitis B*
- ☐ *Acute hepatitis C*
- ☐ *Acute hepatitis E*
- ☐ *Chronic HBV infection*
- ☐ *HCV infection (chronic or resolved)*
- ☐ *Acute non-ABCD hepatitis*
- ☐ *Perinatal HBV infection*
- ☐ *Hepatitis Delta (co- or super-infection)*

Diagnostic Tests

Test Name	Result
	P=Positive N=Negative UNK=Unknown
Total antibody, hepatitis A virus [total anti-HAV]	
IgM antibody to hepatitis A virus [IgM anti-HAV]	
Hepatitis B surface antigen [HBsAg]	
Total antibody, hepatitis B core antigen [Total anti-HBc]	
IgM antibody, hepatitis B core antigen [IgM anti-HBc]	
Antibody to hepatitis D virus [anti-HDV]	
Antibody to hepatitis E virus [anti-HEV]	
Antibody to hepatitis C virus [anti-HCV]	
Supplemental anti-HCV assay [e.g., RIBA]	
HCV RNA [e.g., PCR]	

anti-HCV signal to cut-off ratio

Liver Enzyme Levels at Time of Diagnosis

Test Name	Result	Upper Limit Normal	Date of Result
			mm/dd/yyyy
ALT (SGPT)			
AST (SGOT)			

Epidemiologic Information

Please answer the following questions for the time period 6 weeks - 6 months prior to the onset of symptoms:

Was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?
○ *Yes* ○ *No* ○ *Unknown*

If yes, type of contact
○ *Sexual* ○ *Household (Non-sexual)* ○ *Other*_____

Did the patient inject drugs not prescribed by a doctor?
○ *Yes* ○ *No* ○ *Unknown*

Did the patient use street drugs, but not inject?
○ *Yes* ○ *No* ○ *Unknown*

Did the patient undergo hemodialysis?
○ *Yes* ○ *No* ○ *Unknown*

Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood?
○ *Yes* ○ *No* ○ *Unknown*

Did the patient receive blood or blood products (transfusion)?
○ *Yes* ○ *No* ○ *Unknown*

If yes, when?
mm/dd/yyyy

Did the patient receive any IV infusions and/or injections in the outpatient setting?
○ *Yes* ○ *No* ○ *Unknown*

Did the patient have other exposure to someone else's blood?
○ *Yes* ○ *No* ○ *Unknown*

If yes, specify:

Was the patient employed in a medical or dental field involving direct contact with human blood?
○ *Yes* ○ *No* ○ *Unknown*

If yes, frequency of direct blood contact:
○ *Frequent (several times weekly)* ○ *Infrequent*

Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?
○ *Yes* ○ *No* ○ *Unknown*

If yes, frequency of direct blood contact:
○ *Frequent (several times weekly)* ○ *Infrequent*

Did the patient receive a tattoo?
○ *Yes* ○ *No* ○ *Unknown*

If yes, where was the tattooing performed?
(Check all that apply)
☐ *Commercial parlor/shop* ☐ *Correctional facility* ☐ *Other (specify)*_____

Did the patient have any part of their body pierced (other than ear)?
○ *Yes* ○ *No* ○ *Unknown*

If yes, where was the piercing performed?
(Check all that apply)
☐ *Commercial parlor/shop* ☐ *Correctional facility* ☐ *Other (specify)*_____

Did the patient have dental work or oral surgery?
○ *Yes* ○ *No* ○ *Unknown*

Did the patient have surgery? (other than oral surgery)
○ *Yes* ○ *No* ○ *Unknown*

Was the patient hospitalized?
○ *Yes* ○ *No* ○ *Unknown*

Was the patient a resident of a long term care facility?
○ *Yes* ○ *No* ○ *Unknown*

Was the patient incarcerated for longer than 24 hours?
○ *Yes* ○ *No* ○ *Unknown*

If yes, what type of facility?
(Check all that apply)
☐ *Jail* ☐ *Juvenile facility* ☐ *Prison*

During his/her lifetime, was the patient EVER incarcerated for longer than 6 months?
○ *Yes* ○ *No* ○ *Unknown*

If yes, what year was the most recent incarceration?
yyyy

If yes, for how long?
(months)

Was the patient EVER treated for a sexually transmitted disease?
○ *Yes* ○ *No* ○ *Unknown*

If yes, in what year was the most recent treatment?
yyyy

In the 6 months prior to symptom onset, how many male sex partners did the patient have?
○ *0* ○ *1* ○ *2-5* ○ *>5* ○ *Unknown*

In the 6 months prior to symptom onset, how many female sex partners did the patient have?
○ *0* ○ *1* ○ *2-5* ○ *>5* ○ *Unknown*

Vaccine History

Did the patient ever receive hepatitis B vaccine?
○ *Yes* ○ *No* ○ *Unknown*

If yes, how many shots?
○ *1* ○ *2* ○ *3 or more*

In what year was the last shot received?
yyyy

Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose?
○ *Yes* ○ *No* ○ *Unknown*

If yes, was the serum anti-HBs >= 10mIU/ml? (answer 'yes' if the laboratory result was reported as 'positive' or 'reactive')
○ *Yes* ○ *No* ○ *Unknown*

Lab Results

Report Date	Test Name	Test Result	Specimen	Collection Date
mm/dd/yyyy		Code/Alternate Code/Text Result/Numeric Result		mm/dd/yyyy

Other Information

Local 1	**Local 2**

Name of Person interviewed	**Relationship to patient**	**Date of interview** mm/dd/yyyy

Submitted by:	**Date** mm/dd/yyyy	**Health Department**	**Phone Number** ###-###-####	**Ext.**

Comments or Additional Information

Close Form

Michigan Department of Community Health

MDCH

Jennifer M. Granholm, Governor
Janet Olszewski, Director

Chronic Hepatitis B Virus - 2007 Case Definition

Clinical description:

Persons with chronic hepatitis B virus (HBV) infection may have no evidence of liver disease or may have a spectrum of disease ranging from chronic hepatitis to cirrhosis or liver cancer. Persons with chronic infection may be asymptomatic.

Laboratory criteria for diagnosis:

- IgM antibodies to hepatitis B core antigen (anti-HBc) negative AND a positive result on one of the following tests: hepatitis B surface antigen (HBsAg), hepatitis B e antigen (HBeAg), or hepatitis B virus (HBV) DNA

OR

- HBsAg positive or HBV DNA positive or HBeAg positive two times at least 6 months apart (Any combination of these tests performed 6 months apart is acceptable.)

Case classification:

Confirmed: A case that meets either laboratory criteria for diagnosis

Probable: A case with a single HBsAg positive or HBV DNA positive or HBeAg positive lab result when no IgM anti-HBc results are available

Comment: Multiple laboratory tests indicative of chronic HBV infection may be performed simultaneously on the same patient specimen as part of a "hepatitis panel". Testing performed in this manner may lead to seemingly discordant results, e.g., HBsAg-negative AND HBV DNA-positive. For the purposes of this case definition, any positive result among the three laboratory tests mentioned above is acceptable, regardless of other testing results. Negative HBeAg results and HBV DNA levels below positive cutoff level do not confirm the absence of HBV infection.

References: Division of Viral Hepatitis. Guidelines for Viral Hepatitis Surveillance and Case Management. Centers for Disease Control and Prevention. January 2005.

www.cdc.gov/ncphi/disss/nndss/print/hepatitisbcurrent.htm

Close Form

Viral Hepatitis Case Report

Chronic Hepatitis B

Michigan Department of Community Health

Communicable Disease and Immunization Division

Investigation Information

Investigation ID	Part of an outbreak?	Outbreak Name	Referral Date
	○ *Yes* ○ *No* ○ *Unknown*		mm/dd/yyyy

Investigation Status	Case Status
○ *New* ○ *Active* ○ *Completed* ○ *Superceded* ○ *Cancelled*	○ *Confirmed* ○ *Not a Case* ○ *Probable* ○ *Suspect* ○ *Unknown*

Patient Status	Patient Status Date	Diagnosis Date	Onset Date
○ *Inpatient* ○ *Outpatient* ○ *Died*	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy

Patient Information

Patient ID	First	Last	Middle

Street Address

City	County	State	Zip

Home Phone	Ext.	Other Phone	Ext.
###-###-####		###-###-####	

Parent/Guardian (required if under 18)

First	Last	Middle

Demographics

Sex	Date of Birth	Age	Age Units
○ *Male* ○ *Female* ○ *Unknown*	mm/dd/yyyy		○ *Days* ○ *Months* ○ *Years*

Race

○ *Caucasian* ○ *African American* ○ *American Indian/Alaska Native* ○ *Hawaiian/Pacific Islander*
○ *Asian* ○ *Unknown* ○ *Other (Specify)*_____

Ethnicity	Worksites/School	Occupations/Grade
○ *Hispanic/Latino* ○ *Non-Hispanic/Latino* ○ *Unknown*		

Referral Information

Person Providing Referral

First	Last	Phone	Ext.	Email
		###-###-####		

Primary Physician

First	Last	Phone	Ext.	Email
		###-###-####		

Street Address

City	County	State	Zip

Hospital Information

Patient Hospitalized	Hospital	Hospital City	Hospital Record No.
○ Yes ○ No ○ Unknown			

Admission Date	Discharge Date	Days Hospitalized
mm/dd/yyyy	mm/dd/yyyy	

Clinical Information and Patient History

Place of Birth:	Did the patient die from hepatitis?	If yes, specify the date of death:
○ USA ○ Other_____	○ Yes ○ No ○ Unknown	mm/dd/yyyy

Reason for Testing:
(Check all that apply)

- ☐ *Symptoms of acute hepatitis*
- ☐ *Evaluation of elevated liver enzymes*
- ☐ *Screening of asymptomatic patient with reported risk factors*
- ☐ *Blood / Organ donor screening*
- ☐ *Screening of asymptomatic patient with no risk factors (e.g., patient requested)*
- ☐ *Follow-up testing for previous marker of viral hepatitis*
- ☐ *Prenatal screening*
- ☐ *Unknown*
- ☐ *Other*_____

Is the patient symptomatic?	Is or was the patient jaundiced?	Is or was the patient pregnant?	If yes, specify the due or delivery date:
○ Yes ○ No ○ Unknown	○ Yes ○ No ○ Unknown	○ Yes ○ No ○ Unknown	mm/dd/yyyy

Diagnosis:
(Check all that apply)

- ☐ *Acute hepatitis A*
- ☐ *Acute hepatitis B*
- ☐ *Acute hepatitis C*
- ☐ *Acute hepatitis E*
- ☐ *Chronic HBV infection*
- ☐ *HCV infection (chronic or resolved)*
- ☐ *Acute non-ABCD hepatitis*
- ☐ *Perinatal HBV infection*
- ☐ *Hepatitis Delta (co- or super-infection)*

Diagnostic Tests

Test Name	Result
	P=Positive N=Negative UNK=Unknown
Total antibody, hepatitis A virus [total anti-HAV]	
IgM antibody to hepatitis A virus [IgM anti-HAV]	
Hepatitis B surface antigen [HBsAg]	
Total antibody, hepatitis B core antigen [Total anti-HBc]	
IgM antibody, hepatitis B core antigen [IgM anti-HBc]	
Antibody to hepatitis D virus [anti-HDV]	
Antibody to hepatitis E virus [anti-HEV]	
Antibody to hepatitis C virus [anti-HCV]	
Supplemental anti-HCV assay [e.g., RIBA]	
HCV RNA [e.g., PCR]	

anti-HCV signal to cut-off ratio

Liver Enzyme Levels at Time of Diagnosis

Test Name	Result	Upper Limit Normal	Date of Result
			mm/dd/yyyy
ALT (SGPT)			
AST (SGOT)			

Lab Results

Report Date	Test Name	Test Result	Specimen	Collection Date
mm/dd/yyyy		Code/Alternate Code/Text Result/Numeric Result		mm/dd/yyyy

Other Information

Local 1	**Local 2**

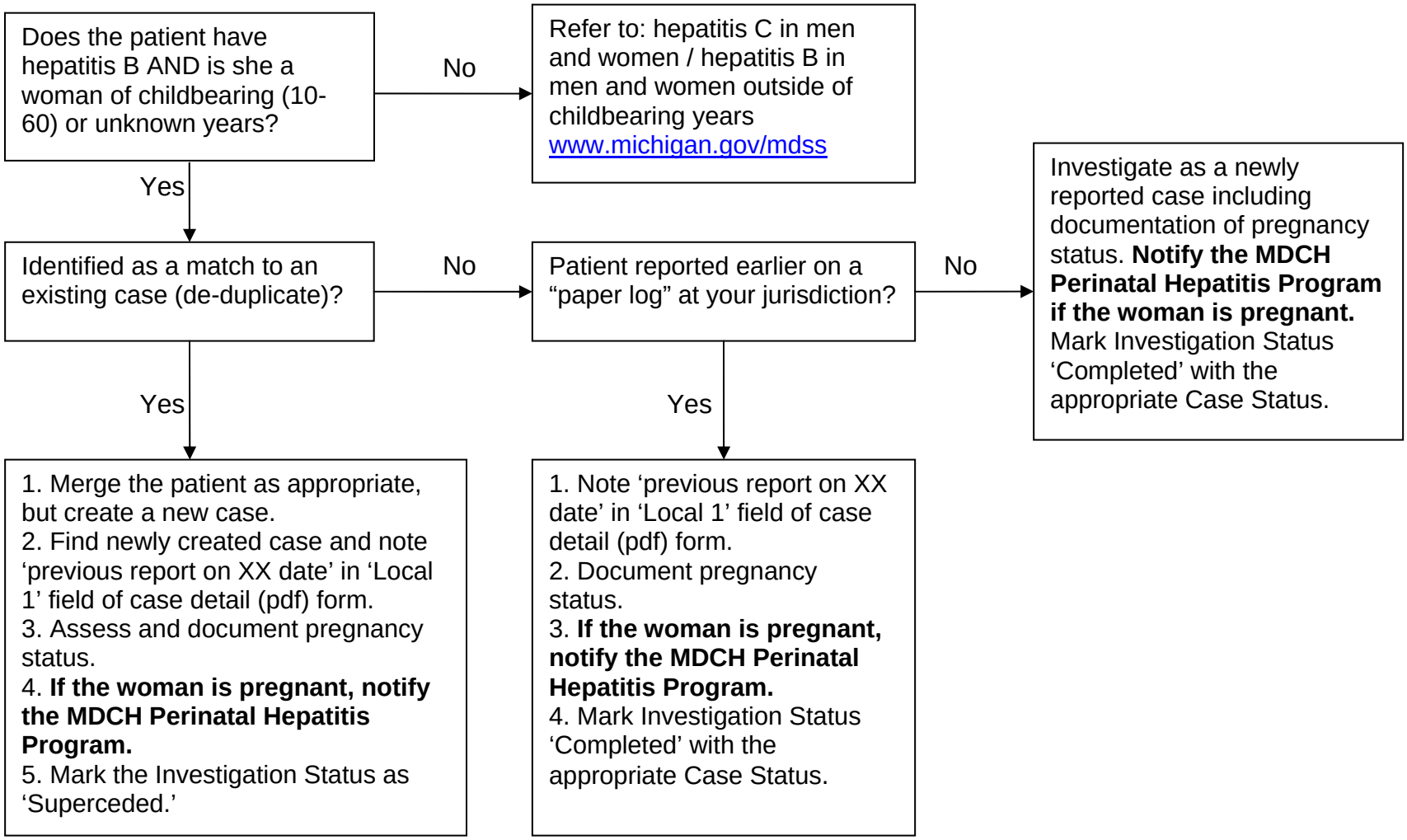
Name of Person interviewed	**Relationship to patient**	**Date of interview** mm/dd/yyyy

Submitted by:	**Date** mm/dd/yyyy	**Health Department**	**Phone Number** ###-###-####	**Ext.**

Comments or Additional Information

Close Form

Entering and De-duplicating Chronic Hepatitis B Reports for Women of Childbearing Years in the Michigan Disease Surveillance System (MDSS)



The entire MDSS reporting process for hepatitis B and C cases can be found at www.michigan.gov/mdss

Michigan Department of Community Health

MDCH

Jennifer M. Granholm, Governor
Janet Olszewski, Director

Perinatal Hepatitis B Virus -1995 Case Definition

***Clinical case definition:**

Perinatal hepatitis B virus (HBV) infection in the newborn may range from asymptomatic to fulminant hepatitis.

Laboratory criteria for diagnosis:

- Hepatitis B surface antigen (HBsAg) - positive

Case classification:

HBsAg positivity in any infant aged 1-24 months of age who was born in the United States or in U.S. territories to an HBsAg-positive mother.

Comment: Infants born to HBsAg-positive mothers should receive hepatitis B immune globulin (HBIG) and the first dose of hepatitis B vaccine within 12 hours of birth, followed by the second and third doses of vaccine at 1 and 6 months of age, respectively. Post-vaccination testing for HBsAg and hepatitis B surface antibody (anti-HBs) is recommended from 3 to 6 months following completion of the vaccine series. If HBIG and the initial dose of vaccine are delayed for more than1 month after birth, testing for HBsAg may determine if the infant is already infected.

References: Division of Viral Hepatitis. Guidelines for Viral Hepatitis Surveillance and Case Management. Centers for Disease Control and Prevention. January 2005.

*****The 1995 case definition appearing on this page was re-published incorrectly in the 1997 MMWR Recommendations and Reports titled *Case Definitions for Infectious Conditions Under Public Health Surveillance* [MMWR 1997;46(RR10)] (available at http://www.cdc.gov/mmwr/preview/mmwrhtml/00047449.htm). Thus, the 1995 and the 1997 versions of this case definition are not identical, and the 1995 version is the correct one.

www.cdc.gov/ncphi/disss/nndss/print/hepatitisviralcurrent.htm

Close Form

Viral Hepatitis Case Report

Perinatal Hepatitis B Virus Infection

Michigan Department of Community Health

Communicable Disease and Immunization Division

Investigation Information

Investigation ID	Part of an outbreak?	Outbreak Name	Referral Date
	○ *Yes* ○ *No* ○ *Unknown*		mm/dd/yyyy

Investigation Status
○ *New* ○ *Active* ○ *Completed* ○ *Superceded* ○ *Cancelled*

Case Status
○ *Confirmed* ○ *Not a Case* ○ *Probable* ○ *Suspect* ○ *Unknown*

Patient Status	Patient Status Date	Diagnosis Date	Onset Date
○ *Inpatient* ○ *Outpatient* ○ *Died*	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy

Patient Information

Patient ID	First	Last	Middle

Street Address

City	County	State	Zip

Home Phone	Ext.	Other Phone	Ext.
###-###-####		###-###-####	

Parent/Guardian (required if under 18)

First	Last	Middle

Demographics

Sex	Date of Birth	Age	Age Units
○ *Male* ○ *Female* ○ *Unknown*	mm/dd/yyyy		○ *Days* ○ *Months* ○ *Years*

Race
○ *Caucasian* ○ *African American* ○ *American Indian/Alaska Native* ○ *Hawaiian/Pacific Islander*
○ *Asian* ○ *Unknown* ○ *Other (Specify)*_____

Ethnicity	Worksites/School	Occupations/Grade
○ *Hispanic/Latino* ○ *Non-Hispanic/Latino* ○ *Unknown*		

Referral Information

Person Providing Referral

First	Last	Phone	Ext.	Email
		###-###-####		

Primary Physician

First	Last	Phone	Ext.	Email
		###-###-####		

Street Address

City	County	State	Zip

Hospital Information

Patient Hospitalized	Hospital	Hospital City	Hospital Record No.
○ Yes ○ No ○ Unknown			

Admission Date	Discharge Date	Days Hospitalized
mm/dd/yyyy	mm/dd/yyyy	

Clinical Information and Patient History

Place of Birth:	Did the patient die from hepatitis?	If yes, specify the date of death:
○ USA ○ Other_____	○ Yes ○ No ○ Unknown	mm/dd/yyyy

Reason for Testing:
(Check all that apply)

- ☐ *Symptoms of acute hepatitis*
- ☐ *Evaluation of elevated liver enzymes*
- ☐ *Screening of asymptomatic patient with reported risk factors*
- ☐ *Blood / Organ donor screening*
- ☐ *Screening of asymptomatic patient with no risk factors (e.g., patient requested)*
- ☐ *Follow-up testing for previous marker of viral hepatitis*
- ☐ *Prenatal screening*
- ☐ *Unknown*
- ☐ *Other*_____

Is the patient symptomatic?	Is or was the patient jaundiced?	Is or was the patient pregnant?	If yes, specify the due or delivery date:
○ Yes ○ No ○ Unknown	○ Yes ○ No ○ Unknown	○ Yes ○ No ○ Unknown	mm/dd/yyyy

Diagnosis:
(Check all that apply)

- ☐ *Acute hepatitis A*
- ☐ *Acute hepatitis B*
- ☐ *Acute hepatitis C*
- ☐ *Acute hepatitis E*
- ☐ *Chronic HBV infection*
- ☐ *HCV infection (chronic or resolved)*
- ☐ *Acute non-ABCD hepatitis*
- ☐ *Perinatal HBV infection*
- ☐ *Hepatitis Delta (co- or super-infection)*

Diagnostic Tests

Test Name	Result
	P=Positive N=Negative UNK=Unknown
Total antibody, hepatitis A virus [total anti-HAV]	
IgM antibody to hepatitis A virus [IgM anti-HAV]	
Hepatitis B surface antigen [HBsAg]	
Total antibody, hepatitis B core antigen [Total anti-HBc]	
IgM antibody, hepatitis B core antigen [IgM anti-HBc]	
Antibody to hepatitis D virus [anti-HDV]	
Antibody to hepatitis E virus [anti-HEV]	
Antibody to hepatitis C virus [anti-HCV]	
Supplemental anti-HCV assay [e.g., RIBA]	
HCV RNA [e.g., PCR]	

anti-HCV signal to cut-off ratio

Liver Enzyme Levels at Time of Diagnosis

Test Name	Result	Upper Limit Normal	Date of Result
			mm/dd/yyyy
ALT (SGPT)			
AST (SGOT)			

Epidemiologic Information

Race of Mother:

○ *Caucasian* ○ *African American* ○ *American Indian/Alaska Native* ○ *Hawaiian/Pacific Islander*
○ *Asian* ○ *Unknown* ○ *Other (Specify)*_____

Ethnicity of Mother:

○ *Hispanic/Latino* ○ *Non-Hispanic/Latino* ○ *Unknown*

Was Mother born outside of the United States?

○ *Yes* ○ *No* ○ *Unknown*

If yes, what Country?

Was the Mother confirmed HBsAg positive prior to or at time of delivery?

○ *Yes* ○ *No* ○ *Unknown*

If no, was the Mother confirmed HBsAg positive after delivery?

○ *Yes* ○ *No* ○ *Unknown*

Date of HBsAg positive test result:
mm/dd/yyyy

How many doses of hepatitis B vaccine did the child receive?

○ *Zero* ○ *1* ○ *2* ○ *3 or more*

Dose 1 Date
mm/dd/yyyy

Dose 2 Date
mm/dd/yyyy

Dose 3 Date
mm/dd/yyyy

Did the child receive hepatitis B immune globulin (HBIG)?

○ *Yes* ○ *No* ○ *Unknown*

If yes, on what date did the child receive HBIG?
mm/dd/yyyy

Lab Results

Report Date	Test Name	Test Result	Specimen	Collection Date
mm/dd/yyyy		Code/Alternate Code/Text Result/Numeric Result		mm/dd/yyyy

Other Information

Local 1	**Local 2**

Name of Person interviewed	**Relationship to patient**	**Date of interview** mm/dd/yyyy

Submitted by:	**Date** mm/dd/yyyy	**Health Department**	**Phone Number** ###-###-####	**Ext.**

Comments or Additional Information

Close Form

Hepatitis B Perinatal Case Report – Infant/Contact

Michigan Department of Community Health (MDCH)

Please complete this form each time a dose of hepatitis B vaccine and/or hepatitis B immune globulin (HBIG) is administered to an infant whose mother has tested hepatitis B surface antigen (HBsAg) positive or when given to her household or sexual contacts. **Mail** this form to MDCH, Immunization Division, PO Box 30195, Lansing, MI 48909; or **fax** to 517-335-9855; or **call** the Perinatal Hepatitis B Prevention staff at 517-335-8122 or 1-800-964-4487. In **southeast Michigan**, **mail** to MDCH, Immunization Division, Detroit Regional Office, 3056 W. Grand Blvd., Suite 3-150, Detroit, MI 48202; or **fax** to 313-456-4427; or **call** 313-456-4431 or 313-456-4432. Also, please make sure to update the infant/contact's Michigan Care Improvement Registry (MCIR) record.

PROVIDER

Hospital or Provider Name		County
Address		
City	Zip Code	Telephone #

HBsAg POSITIVE MOTHER

Mother's Name	Medical Record #	Date of Birth / /
Address	City	Zip Code
Social Security #	Telephone #	Emergency Contact Name & Telephone #
Grav / Para	Country of Birth	Maternal Grandmother's Country of Birth

TEST DATE RESULTS: (P=POSITIVE/REACTIVE N=NEGATIVE/NON-REACTIVE U=UNKNOWN)

HBsAg / / ❒ P ❒ N ❒ U HBeAg / / ❒ P ❒ N ❒ U HBeAb / / ❒ P ❒ N ❒ U

HBV DNA / / ❒ P ❒ N ❒ U Anti-HBc / / ❒ P ❒ N ❒ U Anti-HBc IgM / / ❒ P ❒ N ❒ U

HBV Viral Load	Other infections (HCV, HIV, other STIs, etc) ❒ Y ❒ N ❒ U If yes, please specify:

Race / Ethnicity: ❒ Asian/PI ❒ Black ❒ White ❒ American Indian ❒ Alaskan Native ❒ Unknown ❒ Hispanic ❒ Other (please specify) ❒ Non-Hispanic ❒ Unknown

Does mother need an interpreter? ❒ Y ❒ N If yes, what language?	Repeat HBsAg / / ❒ P ❒ N ❒ U
Was mother referred for care/evaluation for hepatitis B infection? ❒ Y ❒ N	Is mother being treated for hepatitis B infection? ❒ Y ❒ N
If yes, treatment start date / / Treatment brand/dose	

INFANT OR HOUSEHOLD/SEXUAL CONTACT (relationship of contact)

Name	DOB / /	Sex ❒ Male ❒ Female
Birth Weight (If infant)	Time of Birth (If infant) ❒ AM ❒ PM	Medical Record #

VACCINE/LAB RESULTS OF INFANT OR CONTACT

Vaccine	Date Given	Time Given (if infant)	Manufacturer	Lab Results	Test Date
HBIG	/ /	❒ AM ❒ PM		HBsAg	/ /
Hep B #1	/ /	❒ AM ❒ PM		Anti-HBs	/ /
Hep B #2	/ /			Anti-HBc IgM	/ /
Hep B #3	/ /			Anti-HBc	/ /

FOLLOW-UP CARE PROVIDER OF INFANT OR CONTACT (if different from above)

Facility's Name	Provider's Name	
Address	City	Zip Code
Telephone #	County	
Name of Person Completing This Form	Telephone #	

Patients may NOT be charged for cost of vaccines provided through project grant funds whether administered in public clinics or by private physicians. Vaccine may NOT BE DENIED in public clinics for failure to pay administration fee or to make a donation to the provider.

Michigan Department of Community Health
MDCH
Jennifer M. Granholm, Governor
Janet Olszewski, Director

Perinatal Hepatitis B Intake Form

Fax to 517/335-9855 or call 517/335-8122 or 800/964-4487 or in southeast Michigan
Fax to 313/456-4427 or call 313/456-4432

Woman's name _____ Date of birth _____ Social Security # _____

Address _____ City _____ Zip _____

County _____ Telephone # _____ Emergency contact name & # _____

Race: Asian/PI Black White Amer Indian Alaskan Native Other _____ Unknown

Ethnicity: Hispanic Non-Hispanic Unknown

Grav ____ Para ____ Country of Birth _____ Maternal Grandmother's Country of Birth _____

Does the woman need an interpreter ☐ Y ☐ N If yes, what language _____

Woman's Laboratory Reports:

(P = Positive/Reactive; N = Negative/non-reactive; NT = Not tested; U = Unknown)

HBsAg __ / __ / __ ☐ P ☐ N ☐ NT ☐ U **Repeat HBsAg** __ / __ / __ ☐ P ☐ N ☐ NT ☐ U

Date HBsAg reported __ / __ / __ How reported: Lab–Electronic/Paper OB Hospital Other _____

HBeAg __ / __ / __ ☐ P ☐ N ☐ NT ☐ U **HBeAb** __ / __ / __ ☐ P ☐ N ☐ NT ☐ U

Anti-HBc IgM __ / __ / __ ☐ P ☐ N ☐ NT ☐ U **Anti-HBc** __ / __ / __ ☐ P ☐ N ☐ NT ☐ U

HBV DNA __ / __ / __ ☐ P ☐ N ☐ NT ☐ U **HBV Viral Load** _____

Other maternal infections/conditions **(HCV, HIV, Other STIs, etc)** _____

LHD refer for care/evaluation? ☐ Y ☐ N ☐ U Hep B treatment during this pregnancy? ☐ Y ☐ N ☐ U

If yes, treatment brand/dose _____ Treatment start date __ / __ / __

Physician providing treatment _____ Telephone # _____

Prenatal Care Provider (PCP) Information:

PCP/facility name _____ EDC date __ / __ / __

Address _____ City _____ Zip _____

Telephone # _____ Hospital to deliver at _____

Reporting information sent to PCP office? ☐ Y ☐ N Date __ / __ / ___

Household/Sexual Contact Information:

First/Last Name (relationship)	DOB	HBIG	Hep B #1	Hep B #2	Hep B #3	HBsAg, anti-HBs and/or anti-HBc results	Test Date
	/ /	/ /	/ /	/ /	/ /		/ /
	/ /	/ /	/ /	/ /	/ /		/ /
	/ /	/ /	/ /	/ /	/ /		/ /

Household/sexual contact provider name _____

Address _____ City _____ Zip _____ Telephone # _____

CD Nurse _____ Telephone # _____

Michigan Department of Community Health
MDCH
Jennifer M. Granholm, Governor
Janet Olszewski, Director

Local Health Department Responsibilities for Contacts of Hepatitis B Surface Antigen-Positive (HBsAg-positive) Women

Assess immunization status for all contacts and determine if contact needs vaccine or testing. †

Draw contact's blood for **HBsAg** and hepatitis B surface antibody (**anti-HBs**), and then give the first dose of hepatitis B (hepB) vaccine. *

If both tests are **negative**

Give the second dose of hepB vaccine 1 month after the first dose. *

Give the third dose of hepB vaccine 4-6 months after the second dose (at least eight weeks after the second dose and at least sixteen weeks after the first dose). *

Repeat the blood test for HBsAg & anti-HBs 1-2 months after the third dose. *

If **positive for HBsAg**, the patient is infected and should be referred for medical follow up.

If **positive for anti-HBs**, patient is immune and does not need additional doses of hepB vaccine.

*Report the vaccination dates and the date and results of the blood tests using the **Hepatitis B Perinatal Case Report-Infant/Contact**. Also make sure to update the patient's Michigan Care Improvement Registry (MCIR) record. If you have any questions, please call the Perinatal Hepatitis B Prevention Program staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

† **PLEASE NOTE:**
If the patient has documentation they have started the series, complete the series and then test 1-2 months later.

Rev 08/15/06

Michigan Department of Community Health
MDCH
Jennifer M. Granholm, Governor
Janet Olszewski, Director

Follow-up Protocol for Household and Sexual Contacts

Assess: Immunization status for all contacts through the Michigan Care Improvement Registry (MCIR) to determine if hepatitis B (hepB) vaccine or testing is needed. Those with a partially completed hepB vaccination series should complete the vaccine series and then have follow-up serology 1-2 months later.

Test: Exposed household contacts and sexual partners of women who test positive for hepatitis B surface antigen (HBsAg) prenatally or at delivery to determine their hepatitis B status. The following tests should be completed:

HBsAg: Determines if they are currently infected with the hepatitis B virus (HBV)

Anti-HBs: (Hepatitis B surface antibody) determines if they have protection against HBV

If both tests are **NEGATIVE**, the contact is susceptible to infection and should receive hepB vaccine. If HBsAg is positive, the patient is infected and should be referred for appropriate medical follow up. If anti-HBs is positive, and the contact had three valid doses of hepB vaccine, they are considered immune and are protected from getting HBV.

Vaccinate: All unvaccinated susceptible contacts with three doses of hepB vaccine:

- The first dose should be given at the same visit, but after the blood draw.
- The second dose should be given ONE MONTH after the first dose.
- The third dose should be given FOUR-SIX MONTHS after the first dose (at least eight weeks after the second dose and at least sixteen weeks after the first dose).

If there has been a sexual exposure within the last 14 days to an acutely infected HBsAg-positive woman, or a blood exposure within the last 7 days to an HBsAg-positive woman, the contact should also receive one dose of hepatitis B immune globulin (HBIG*****), calculated at 0.06 ml/kg of body weight.

Test: All contacts for HBsAg and anti-HBs one to two months after the third dose of hepB vaccine is administered.

Report: All doses of hepB and HBIG on a Hepatitis B Perinatal Case Report-Infant/Contact Form or the Provider Reporting Form and mail or fax the information to the Perinatal Hepatitis B Prevention Program (PHBPP). Update the patient's MCIR record and ask for current telephone and address information.

For questions or assistance, please call the PHBPP staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

*****Suggested interval between immune globulin preparations and live virus vaccines is 3 months.

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Local Health Department Responsibilities for Infant(s) Born to Hepatitis B Surface Antigen-Positive (HBsAg-positive) Women

Review the Michigan Care Improvement Registry (MCIR), and/or the Official Immunization Record to determine if the infant received the hepatitis B (hepB) vaccine and the hepatitis B immune globulin (HBIG) at birth.

↓

Give a dose of single-antigen hepB vaccine at 1-2 months of age or Pediarix™ or Comvax® at 2 months of age. (If this infant weighed less than 2000 g at birth do not count the birth dose of hepB vaccine as part of the series and give three additional doses.) *

↓

If using Pediarix™ or Comvax® a dose can be given at 4 months of age.

↓

Give the last dose of single-antigen or Pediarix™ hepB vaccine at 6 months of age (no sooner than 24 weeks of age), or Comvax® at 12-15 months of age. *

↓

Draw or arrange with the Perinatal Hepatitis B Case Manager to have the infant's blood tested for HBsAg & hepatitis B surface antibody (anti-HBs) at 9-18 months of age, (3 months after the completion of the vaccine series). *

↓

If HBsAg and anti-HBs are both negative, begin 2nd vaccine series using single-antigen hepB vaccine at (0, 1, 6 month schedule) and repeat the blood test 1-2 months after the second hepB vaccine series. *

↓

*Report the vaccination dates and the date and results of the blood tests using the Hepatitis B Perinatal Case Report-Infant/Contact form. Also make sure to update the patient's MCIR record. If you have any questions, please call the Perinatal Hepatitis B Prevention Program staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

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Follow-up Protocol for Infants Born to Hepatitis B Surface Antigen-Positive (HBsAg-positive) Women

1. Review the Michigan Care Improvement Registry (MCIR), and/or the Official Immunization Record to determine if the infant received the hepatitis B (hepB) vaccine and the hepatitis B immune globulin (HBIG) at birth.

2. **At 1-2 months of age:**
   A. Give the infant a dose of single-antigen hepB vaccine at 1-2 months of age, or Pediarix™ (DTaP-HepB-IPV) or Comvax® (HepB-Hib) at 2 months of age, intramuscularly in the anterolateral thigh (at least 4 weeks after the first dose).
   B. Complete a **Hepatitis B Perinatal Case Report-Infant/Contact** form and mail or fax the information to the Perinatal Hepatitis B Prevention Program (PHBPP).
   C. Flag the infant's chart as a reminder of when the next dose is due, ask the parent for current telephone and address information and update the patient's MCIR record.

3. If using Pediarix™ or Comvax®, a dose of the hepB vaccine can be given at the 4 month-visit intramuscularly in the anterolateral thigh.
   A. Complete a **Hepatitis B Perinatal Case Report-Infant/Contact** form and mail or fax the information to the PHBPP.
   B. Flag the infant's chart as a reminder of when the next dose is due, ask the parent for current telephone and address information and update the patient's MCIR record.

4. **At 6 months of age:**
   A. Give the infant the last dose of single-antigen hepB vaccine or Pediarix™ at 6 months of age, or if using Comvax® give the last dose at 12-15 months of age, intramuscularly in the anterolateral thigh (at least 8 weeks after the second dose, at least 16 weeks after the first, and no earlier than 24 weeks of age).
   B. Inform the parent that the infant will need a blood test at 9-18 months of age, (3 months after the completion of the hepB vaccine series), to see if the baby has been protected from the hepatitis B virus.
   C. Complete a **Hepatitis B Perinatal Case Report-Infant/Contact** form and mail or fax the information to the PHBPP.
   D. Flag the infant's chart as a reminder of when the blood test is due, ask the parent for current telephone and address information, and update the patient's MCIR record.

5. **At nine to eighteen months of age (3 months after the completion of the vaccine series):**
   A. Draw or refer the infant for **HBsAg** and hepatitis B surface antibody (**anti-HBs**) testing. To make arrangements for free testing contact the PHBPP case manager.
   B. Complete a **Hepatitis B Perinatal Case Report-Infant/Contact** form and mail or fax the information to the PHBPP.
   C. Ask the parent for current telephone and address information and update the patient's MCIR record.

If you have questions, or need test kits, please call the PHBPP staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

Hepatitis B Vaccine and Hepatitis B Immune Globulin Administration for Infants

Maternal Status	Infants greater than or equal to 2000 g *	Infants less than 2000 g *
Hepatitis B Surface Antigen (HBsAg) positive	Give single-antigen hepatitis B (hepB) vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth. Complete the hepB vaccine series with single-antigen doses at 1-2 and 6 months of age or hepB-containing combination vaccines given at 2, 4, and 6 months of age, or 2, 4, and 12-15 months of age depending on the combination product used. (Combination vaccines cannot be given before 6 weeks of age.) Test for hepatitis B surface antibody (anti-HBs) and HBsAg at 9-18 months of age (3 months after the completion of the hepB vaccine series). If the infant is HBsAg and anti-HBs negative, repeat the 3 dose hepB vaccine series and retest 1-2 months after the completion of the second vaccine series. If infant is HBsAg-positive, refer to a specialist.	Give single-antigen hepB vaccine and HBIG within 12 hours of birth. Do not count the hepB birth dose as the first dose. Initiate the full hepB vaccine series with single-antigen doses at 1, 2-3 and 6 months of age or hepB-containing combination vaccines given at 2, 4, and 6 months of age, or 2, 4, and 12-15 months of age depending on the combination product used. (Combination vaccines cannot be given before 6 weeks of age.) Test for anti-HBs and HBsAg at 9-18 months of age (3 months after the completion of the hepB vaccine series). If infant is HBsAg and anti-HBs negative, repeat the 3 dose hepB vaccine series and retest 1-2 months after the completion of the second vaccine series. If infant is HBsAg-positive, refer to a specialist.
HBsAg status unknown	Test mother STAT for HBsAg. Give single-antigen hepB vaccine within 12 hours of birth and HBIG within 7 days if mom's status remains unknown or sooner if found to be HBsAg-positive. Follow the recommended vaccination schedule.	Test mother STAT for HBsAg. Give single-antigen hepB vaccine and HBIG within 12 hours of birth if mom's status remains unknown or if found to be HBsAg-positive. Follow the recommended vaccination schedule.
HBsAg-negative	Give single-antigen hepB vaccine at birth or prior to hospital discharge. Follow the recommended vaccination schedule. Anti-HBs and HBsAg testing is not recommended.	Give single-antigen hepB vaccine to medically stable infants at 30 days of chronologic age or at hospital discharge if before 30 days of chronologic age. Follow the recommended vaccination schedule. Anti-HBs and HBsAg testing is not recommended.

* All doses of hepB vaccine and HBIG must be entered into the Michigan Care Improvement Registry (MCIR). This may be done by entering the data directly into the MCIR or on the Electronic Birth Certificate (EBC). It is important that all providers who see the baby in a neonatal intensive care unit (NICU) or in an office enter the dose information into MCIR so that a follow-up provider knows when to give the next dose.

- Adapted from: Saari TN and the Committee on Infectious Diseases, Immunization of Preterm and Low Birth Weight Infants. *Pediatrics* 2003; 112:193-198.

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Vaccination Schedule for Infants Born to Hepatitis B Surface Antigen-Positive (HBsAg-positive) Women

Dose	Single-antigen vaccine	Combination Vaccines	
	Engerix-B® or Recombivax HB® (HepB)	**Pediarix®** (DTaP-HepB-IPV)	**Comvax®** (HepB-Hib)
1	Birth*	Birth (only use single antigen vaccine)*	Birth (only use single antigen vaccine)*
2	1-2 months	2 months	2 months
3	6 months	4 months	4 months
4	NA	6 months	12-15 months

* Both single-antigen hepatitis B (hepB) vaccine (0.5mL) and hepatitis B immune globulin (HBIG) (0.5mL) should be given within 12 hours of birth. HBIG and hepB vaccine should be administered intramuscularly at different sites.

Combination Vaccines
After single-antigen hepB vaccine is given at birth, an additional 3 doses of a hepB-containing combination vaccines can be given to complete the series, starting at 6 weeks of age for those whom none of the antigens are contraindicated.

Comvax®: The combination hepatitis B and *Haemophilus influenzae* type B (Hib) vaccine
Comvax® is NOT to be given at birth. Comvax® is licensed for use as a 3-dose series beginning at 6 weeks of age. This vaccine may be used when neither antigen is contraindicated.

Pediarix®: The combination DTaP-hepatitis B-inactivated poliovirus vaccine
Pediarix® is NOT to be given at birth. Pediarix® is licensed for use as a 3-dose series beginning at 6 weeks to 7 years of age. This vaccine may be used when none of the antigens are contraindicated and only as a primary series.

Pre-term Infants
For pre-term infants who weigh less than 2000 g at birth, administer hepB vaccine and HBIG within 12 hours of birth. The initial hepB vaccine dose should not be counted as part of the 3-dose hepB vaccine series. Three additional doses of hepB vaccine should be administered beginning at chronological age of 1 month.

Note: The use of brand names is not meant to preclude the use of other comparable licensed hepB-Hib or DTaP-hepB-IPV combination vaccines.

Modified from Resolution: 10/03-2, Advisory Committee on Immunization Practices (ACIP), Vaccines for Children (VFC) Program.

Hepatitis B Facts: Testing and Vaccination

Who should be vaccinated?

The following persons should receive routine hepatitis B vaccination, according to the Centers for Disease Control and Prevention (CDC):

Routine vaccination:

- All newborns at birth prior to hospital discharge
- All children and teens ages 0 through 18 years
- All persons who wish to be protected from hepatitis B virus (HBV) infection. CDC states it is not necessary for the patient to disclose a risk factor to receive hepatitis B vaccine.

Persons who are at risk for sexual exposure:

- Sexually active persons who are not in long-term, mutually monogamous relationships
- Sex partners of HBsAg-positive persons
- Persons seeking evaluation or treatment for an STD
- Men who have sex with men

Persons at risk for infection by percutaneous or mucosal exposure to blood:

- Current or recent injection-drug users
- Household contacts of HBsAg-positive persons
- Residents and staff of facilities for developmentally challenged persons
- Healthcare and public safety workers with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids
- Persons with end-stage renal disease and those receiving dialysis

Others:

- Travelers to areas with moderate or high rates of HBV infection
- Persons with chronic (life-long) liver disease
- Persons with HIV infection

Refugees, immigrants, and adoptees from countries where HBV infection is endemic should be screened. Adults should discuss their need or desire for hepatitis B vaccination with their healthcare providers.

For certain people at risk, postvaccination testing is recommended. Consult ACIP recommendations for details (see references).

Hepatitis B lab nomenclature

HBsAg: *Hepatitis B surface antigen* is a marker of infectivity. Its presence indicates either acute or chronic HBV infection.

Anti-HBs: *Antibody to hepatitis B surface antigen* is a marker of immunity. Its presence indicates an immune response to HBV infection, an immune response to vaccination, or the presence of passively acquired antibody. (It is also known as ***HBsAb,*** but this abbreviation is best avoided since it is often confused with abbreviations such as HBsAg.)

Anti-HBc (total): *Antibody to hepatitis B core antigen* is a nonspecific marker of acute, chronic, or resolved HBV infection. It is *not* a marker of vaccine-induced immunity. It may be used in prevaccination testing to determine previous exposure to HBV infection. (It is also known as ***HBcAb,*** but this abbreviation is best avoided since it is often confused with other abbreviations.)

IgM anti-HBc: *IgM antibody subclass of anti-HBc.* Positivity indicates recent infection with HBV (within the past 6 mos). Its presence indicates acute infection.

HBeAg: *Hepatitis B "e" antigen* is a marker of a high degree of HBV infectivity, and it correlates with a high level of HBV replication. It is primarily used to help determine the clinical management of patients with chronic HBV infection.

Anti-HBe: *Antibody to hepatitis B "e" antigen* may be present in an infected or immune person. In persons with chronic HBV infection, its presence suggests a low viral titer and a low degree of infectivity.

HBV-DNA: *HBV Deoxyribonucleic acid* is a marker of viral replication. It correlates well with infectivity. It is used to assess and monitor the treatment of patients with chronic HBV infection.

Screening before vaccination

Serologic testing prior to vaccination may be undertaken based on your assessment of your patient's level of risk and your or your patient's need for definitive information (see information in the left column). If you decide to test, draw the blood first, and then give the first dose of vaccine at the same office visit. Vaccination can then be continued, if needed, based on the results of the tests. If you are not sure who needs hepatitis B screening, consult your state or local health department.

Tests	Results	Interpretation	Vaccinate?
HBsAg anti-HBc anti-HBs	negative negative negative	susceptible	vaccinate if indicated
HBsAg anti-HBc anti-HBs	negative negative positive with ≥10mIU/mL	immune due to vaccination	no vaccination necessary
HBsAg anti-HBc anti-HBs	negative positive positive	immune due to natural infection	no vaccination necessary
HBsAg anti-HBc IgM anti-HBc anti-HBs	positive positive positive negative	acutely infected	no vaccination necessary
HBsAg anti-HBc IgM anti-HBc anti-HBs	positive positive negative negative	chronically infected	no vaccination necessary (may need treatment)
HBsAg anti-HBc anti-HBs	negative positive negative	four interpretations possible*	use clinical judgment

*1. May be recovering from acute HBV infection
2. May be distantly immune, but the test may not be sensitive enough to detect a very low level of anti-HBs in serum
3. May be susceptible with a false positive anti-HBc
4. May be chronically infected and have an undetectable level of HBsAg present in the serum

Managing chronic HBV infection

When you identify a patient who is chronically infected with HBV, make sure you consult a specialist knowledgeable in the treatment of liver disease so your patient's care is optimized. Chronically infected persons need medical evaluation every 6–12 mos to assess the status of their liver health and their need for antiviral therapy, as well as to screen for liver cancer. In addition, persons with chronic HBV infection should be educated about their disease and how to protect others.

Household members and sex partners should be tested for HBV infection and given the first dose of hepatitis B vaccine at the same visit. (Vaccinating a person who has already been infected will do no harm). If testing indicates HBV susceptibility, complete the hepatitis B vaccination series. If testing indicates HBV infection, consultation and further care with a physician knowledgeable about chronic hepatitis B is needed.

References

1. A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the U.S.: Recommendations of the ACIP, Part 1: Immunization of Infants, Children and Adolescents, *MMWR,* Dec. 23, 2005, Vol. 54(RR-16)
2. A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the U.S.: Recommendations of the ACIP, Part II: Immunization of Adults, *MMWR,* Dec. 8, 2006, Vol. 55(RR-16)

www.immunize.org/catg.d/p2110.pdf • Item #P2110 (2/08)

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Recommended Dosages of Hepatitis B Vaccine and Hepatitis B Immune Globulin Using Single-Antigen Vaccine

Hepatitis B Vaccine Recipient	Engerix-B® (GlaxoSmithKline)		Recombivax HB® (Merck)	
	Pediatric Formulation 10mcg (0.5mL) (or in prefilled syringes)	Adult Formulation 20mcg (1mL)	Pediatric/Adolescent Formulation 5mcg (0.5mL)	Adult Formulation 10mcg (1mL)
Newborns born to HBsAg (+) mothers*	10mcg (0.5mL)[1] & (0.5mL) HBIG within 12 hours of birth		5mcg (0.5mL)[1] & (0.5mL) HBIG within 12 hours of birth	
Newborns born to mothers whose HBsAg status is unknown*	10mcg (0.5mL)[1] within 12 hours of birth; (0.5mL) HBIG should also be given within 7 days if mom's status remains unknown or sooner if found to be HBsAg (+)		5mcg (0.5mL)[1] within 12 hours of birth; (0.5mL) HBIG should also be given within 7 days if mom's status remains unknown or sooner if found to be HBsAg (+)	
Newborns born to HBsAg (-) mothers*	10mcg (0.5mL)[1]		5mcg (0.5mL)[1]	
Birth - 19 years[2]	10mcg (0.5mL)[1]		5mcg (0.5mL)[1]	
11 - 15 years[3]				10mcg (1mL)
20 + years[2]		20mcg (1mL)		10mcg (1mL)
Dialysis patients	10mcg (0.5mL)	40mcg (2mL)[4]	5mcg (0.5mL)	40mcg (1mL)[5]

***For newborns weighing less than 2000 g**, see (Hepatitis B Vaccine and Hepatitis B Immune Globulin Administration for Infants)

[1]**Hepatitis B vaccine** is strongly recommended at birth. This birth dose MUST be a single antigen vaccine. A 4-dose hepatitis B series is approved in conjunction with Pediarix® or Comvax®. first three doses of DTaP and IPV vaccines). A 4-dose hepatitis B series is approved with a single-antigen dose of hepatitis B vaccine at birth followed by 3 additional doses of Pediarix®.

[2]**HBIG** (hepatitis B immune globulin) All susceptible contacts of an HBsAg (+) person, should receive a (0.06 mL/kg) dose of HBIG, within 7 days of a blood exposure, or within 14 days of a sexual exposure, along with the hepatitis B vaccine series.

[3] **Merck's 2-dose (adolescent)** hepatitis B vaccine series (using the adult formulation of Recombivax HB® 10mcg, 1 ml) is approved only for adolescents 11-15 years of age. The second dose should be administered 4-6 months after the first dose. If the 2-dose regimen is used, documentation must indicate that the adolescent received 2 adult 10mcg (1ml) doses of the Merck brand. If a child starts the hepatitis B series prior to age 11, starts the hepatitis B series between the ages of 11 and 15 with a hepatitis B vaccine other than the adult formulation of the Merck product, or completes the series after age 15, a 3-dose series should be administered. *This specific use of vaccine is not included in the VFC program.*

[4]**Engerix-B® dialysis formulation** is approved for adult hemodialysis patients by using 2 x 20mcg/1mL in one or two injections at 0, 1, 2 and 6 months.

[5]**Recombivax HB® dialysis formulation** is approved for pre-dialysis and dialysis patients in a three dose series of 40mcg/1mL at 0, 1, and 6 months.

Combination vaccines are not to be used prior to age 6 weeks, for information about the use of Comvax®, Pediarix®, and Twinrix® vaccines, see Recommended Dosages of Hepatitis B Vaccine and Hepatitis B Immune Globulin (HBIG) Including Hepatitis B Combination Vaccines.

For specific prescribing information, precautions, contraindications, and specific dialysis formulations, refer to product inserts.

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Recommended Dosages of Hepatitis B Vaccine & Hepatitis B Immune Globulin (HBIG) Including Hepatitis B Combination Vaccines

	Single-Antigen Vaccines				Combination Vaccines		
Hepatitis B Vaccine Recipients	**Engerix-B® (GSK)**		**Recombivax HB® (Merck)**		**Pediarix® (GSK)**	**Comvax® (Merck)**	**Twinrix® (GSK)**
	Pediatric Formulation	Adult Formulation	Pediatric/Adolescent Formulation	Adult Formulation	DTaP-HepB-IPV (6 wks – 7 yrs)	Hib-HepB (6 wks – 59 mos)	HepA-HepB (18 yrs & older)
Infants born to hepatitis B surface antigen (HBsAg) positive mothers*	10mcg (0.5mL)[1] & (0.5mL)[2] HBIG within 12 hours of birth		5mcg (0.5mL)[1] & (0.5mL)[2] HBIG within 12 hours of birth				
Newborns born to HBsAg unknown mothers*	10mcg (0.5mL)[1] within 12 hours of birth; (0.5mL)[2] HBIG within 7 days if mom's status remains unknown or sooner if HBsAg-positive		5mcg (0.5mL)[1] within 12 hours of birth; (0.5mL)[2] HBIG within 7 days if mom's status remains unknown or sooner if HBsAg-positive				
Newborns born to HBsAg - negative mothers*	10mcg (0.5mL)[1] within 12 hours of birth or prior to hospital discharge		5mcg (0.5mL)[1] within 12 hours of birth or prior to hospital discharge				
Infants 6wks & older	10mcg (0.5mL)		5mcg(0.5mL)		10mcg (0.5mL)[1/3]	5mcg (.5mL)[1/4]	
Birth-19 years	10mcg (0.5mL)		5mcg(0.5mL)				
11-15 years[5]				10mcg (1mL)[5]			
18 years & older							20mcg (1mL)[6]
20 + years		20mcg (1mL)		10mcg (1mL)			20mcg (1mL)[6]
Dialysis patients	10mcg (0.5mL)	40mcg (2mL)[7]	5mcg (0.5mL)	40mcg (1mL)[8]			

For specific prescribing information, precautions, contraindications, and specific dialysis formulations, refer to product inserts.

***Newborns weighing less than 2000 grams see Hepatitis B Vaccine and Hepatitis B Immune Globulin Administration for Infants**

[1]**Hepatitis B vaccine** is strongly recommended at birth. This birth dose MUST be a single antigen vaccine. A 4-dose hepatitis B series is approved in conjunction with Pediarix® or Comvax®.

[2]**HBIG** (hepatitis B immune globulin) All infants born to HBsAg-positive women should receive (0.5mL) HBIG within 12 hours of birth. All susceptible contacts of an HBsAg-positive person, should receive a (0.06 mL/kg) dose of HBIG, within 7 days of a blood exposure, or within 14 days of a sexual exposure, along with the hepatitis B vaccine series.

[3]**Pediarix®** (DTaP, hepatitis B and IPV) - GlaxoSmithKline (GSK)'s combination vaccine used as an alternative to single antigens for administration at 2, 4 and 6 months of age. This combination vaccine is NOT to be given at birth. It may be given to any child between ages 6 weeks to 7 years of age for whom no antigen is contraindicated, and only as a primary series. (Primary series is considered first three doses of DTaP and IPV vaccines.) A 4-dose hepatitis B series is approved with a single-antigen dose of hepatitis B vaccine at birth followed by 3 additional doses of hepatitis B vaccine.

[4]**Comvax®** (hepatitis B and Hib) - Merck's combination vaccine used as an alternative to single antigens for administration to any child 6 weeks to 59 months of age at 2, 4 and 12-15 months of age when neither antigen is contraindicated. This combination vaccine is NOT to be given at birth. A 4-dose hepatitis B series is approved with a single-antigen dose of hepatitis B vaccine at birth followed by 3 additional doses of hepatitis B vaccine.

[5]**Adolescent 2-dose series** - Merck's 2 dose adult Recombivax HB® (10mcg, 1 ml) used only for adolescents 11-15 years of age administered at 0 and 4-6 months apart. If this 2-dose regimen is used, documentation must indicate adolescent received 2 adult (10mcg, 1ml) doses of the Merck brand. If child starts hepatitis B series prior to age 11, between the ages of 11 and 15 with a hepatitis B vaccine other than adult formulation of Merck product, or completes series after age 15, a 3-dose series should be administered. *This specific use of vaccine is not included in VFC program*.

[6]**Twinrix®** (hepatitis A and hepatitis B) – GSK's combination vaccine used as an alternative to single antigens for persons 18 years of age and older at 0, 1 & 6 months when neither antigen is contraindicated.

[7]**Engerix-B® dialysis formulation** is approved for adult hemodialysis patients 20 years and older by using 2 x 20mcg/1mL at one site in one or two injections at 0, 1, 2 and 6 months.

[8]**Recombivax HB® dialysis formulation** is approved for pre-dialysis and dialysis patients in a three dose series of 40mcg/1mL at 0, 1, and 6 months.

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Eligibility and Ordering Protocol: Hepatitis B Vaccine and Hepatitis B Immune Globulin for Infants and Contacts of Hepatitis B Surface Antigen-Positive Women

Summary:
Hepatitis B (hepB) vaccine and hepatitis B immune globulin (HBIG) are available on an as-needed basis for administration in private provider offices, hospitals, local health departments, health centers, and clinics for the care of those clients currently enrolled in the Perinatal Hepatitis B Prevention Program (PHBPP).

Eligibility for those currently enrolled in the PHBPP:
HepB vaccine and HBIG:

- Infants born to hepatitis B surface antigen-positive (HBsAg-positive) women

HepB vaccine:

- Susceptible household and sexual contacts of HBsAg-positive women

HBIG*:

- Susceptible household and sexual contacts of HBsAg-positive women should receive HBIG within 7 days of an identifiable blood exposure.
- Susceptible sexual contacts of acutely HBsAg-positive women should receive HBIG within 14 days of a sexual exposure.

Infants born to HBsAg-positive women should receive HBIG and 3 doses of single-antigen hepB vaccine at 0, 1-2 and 6 months of age. If using hepB-containing combination vaccines, give HBIG and a single-antigen dose of hepB vaccine within 12 hours of birth and complete the series with doses at 2, 4 and 6 months of age if using Pediarix®; or with doses at 2, 4, & 12-15 months of age if using Comvax®. Post-vaccination serology should be done at 9-18 months of age (3 months after the completion of the hepB vaccine series). Susceptible household and sexual contacts of HBsAg-positive women should receive 3 doses of hepB vaccine on a schedule of 0, 1 and 4-6 months with post-vaccination serology 1-2 months after the completion of the vaccine series.

Private Providers, Hospitals, Health Centers, Clinics and Local Health Departments (LHD):
Whenever hepB vaccine and/or HBIG are administered to eligible infants or contacts in the PHBPP a ***Hepatitis B Perinatal Case Report-Infant/Contact*** should be completed and forwarded to the PHBPP Case Manager.

HepB Vaccine Orders:
All private providers, hospitals, health centers, and clinics may order hepB vaccine from their LHD. The LHD will place orders through the Michigan Department of Community Health (MDCH) Immunization Division either by faxing a request to 517-335-9855 or by e-mailing the Michigan Vaccines for Children (VFC) Program at mdchvariorder@michigan.gov. The VFC Program will begin transitioning to electronic ordering via the Michigan Care Improvement Registry (MCIR). The LHD and MCIR staff will help with the transition and with an ordering frequency plan to assure adequate vaccine supply for all facilities. Once all providers are transitioned to the electronic ordering, all orders for hepB vaccine will be electronically submitted to the LHD and all LHDs will electronically submit their orders directly to MDCH. All doses of hepB vaccine administered should be recorded in the MCIR and accounted for on the *VFC Programs Vaccine Doses Administered Reporting Form*, which should be submitted to the LHD. The LHD should also account for hepB vaccine on the *Local Health Department Monthly Vaccine Inventory Report*.

HBIG Orders:
Requests for HBIG should continue to be forwarded to the PHBPP.

All doses of hepB vaccine and/or HBIG given in the hospital should be entered in MCIR, via the Electronic Birth Certificate (EBC) process or direct data entry, so that all doses can be electronically recorded.

For additional information, please call the PHBPP program staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

*Suggested intervals between immune globulin preparations and live virus vaccines are 3 months.

VACCINES FOR CHILDREN (VFC) PROGRAM
Universal Hepatitis B Vaccination Program for Newborns - Hospital Enrollment Form
Year 2007/2008 (Revised 10/23/07)
Page 1 of 3

VFC PIN # (Required)

_____ _____ _____ _____ _____ _____
(For Local Health Department Use Only)

COUNTY (Required)

_____

Please Type or Print

Name of Hospital: _____

Physician: _____
Last Name First M.I.

Vaccine Delivery Address: _____
Street Suite # City Zip

Mailing Address: _____
(if different) Street Suite # City Zip

Telephone: (_____)_____ _____ Fax: (_____)_____
Area Code Area Code

Contact Name: _____
Last Name First M.I.

Medical License #: _____ Medicaid Provider #: _____

Is your hospital a: Federally Qualified Health Center (FQHC)* ☐ Yes ☐ No
Rural Health Center (RHC)* ☐ Yes ☐ No

* FQHCs and RHCs are health care clinics that have applied for and received federal approval to serve medically under-served populations using federal grant funds.

To participate in the Universal Hepatitis B Vaccination Program for Newborns and receive federally procured vaccine at no cost, I, on behalf of the hospital listed above and all the practitioners, nurses, and others associated with this health delivery facility, agree to do the following:

1. Administer VFC vaccines only to newborns in accordance with the immunization schedule, dosages and contraindications established by the Advisory Committee on Immunization Practices (ACIP) and the VFC resolutions issued by the ACIP. Any exceptions to these guidelines practice must be based on: a) the attending physician's medical judgment, in accordance with accepted medical practice; or b) a reasonable belief that a specific requirement contradicts the law in my state pertaining to religious or other exemptions.

2. Maintain medical records pertaining to the Universal Hepatitis B Vaccination Program for Newborns for a period of at least 3 years. If requested, the hospital named above will make such records available to the local health department, the state or the Department of Health and Human Services (DHHS).

3. Provide eligibility information in each child's medical record (see Section II - Page 6 for more details).

4. Provide a current Vaccine Information Statement (VIS) that includes the Michigan Care Improvement Registry (MCIR) statement and maintain records in accordance with the *National Childhood Vaccine Injury Act (NCVIA),* which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).

5. Not impose a charge for the cost of the vaccine.

VACCINES FOR CHILDREN (VFC) PROGRAM
Universal Hepatitis B Vaccination Program for Newborns - Hospital Enrollment Form
Year 2007/2008
Page 2 of 3

6. Not impose a charge for the administration of the vaccine that is higher than the maximum fee of $16.75 per injection as established by DHHS.

7. Report hepatitis B immunizations of any newborn immunized at the hospital directly to the Michigan Care Improvement Registry (MCIR) via the electronic birth certificate (EBC) worksheet.

8. Use the state's *Official Certificate of Immunization* (green immunization record card) or a printed record from the MCIR to record doses of vaccine administered for the patient's personal record.

9. Not deny administration of a federally procured vaccine to a child because the child's parent, guardian, or individual of record is unable to pay the administration fee.

10. Comply with state and local health department requirements for ordering vaccine and vaccine accountability. Agree to operate within the VFC Program in a manner intended to avoid fraud and abuse. Use of the MCIR will be required with Centralized Distribution.

11. Comply with the Centers for Disease Control and Prevention's (CDC) *Recommendations for Handling and Storage of Vaccines*. In the event that vaccines obtained through the program are wasted due to expiration, negligence and/or improper vaccine storage and handling practices, the hospital will reimburse the Michigan Department of Community Health (MDCH) for the replacement cost of vaccines wasted.

12. Allow the local health department to conduct a CDC-based VFC site visit, including access to 30 patient charts for a review of immunization documentation and eligibility screening. Agree to work with the local health department to implement any corrective actions as a result of the site visit.

13. Follow appropriate vaccine management procedures such as submitting regular doses administered reports to the local health department, using certified thermometers and maintaining appropriate temperatures in refrigerators and freezers where vaccine is stored, monitoring refrigerator and freezer temperatures twice daily in units where vaccine is stored, and notifying the local health department when state-supplied vaccine has wasted or will expire within three months.

14. Document according to *Statute 42 US Code 300aa-25* and CDC requirements (see Section II, page 22).

The hospital may terminate this agreement at any time. The State may terminate this agreement at any time if I fail to comply with these requirements. Upon termination, the hospital agrees to properly return all publicly provided vaccines to the local health department.

_____ _____
Physician (Please print or type Physician's name) Title (MD, DO)

_____ _____
Physician's signature Date

VACCINES FOR CHILDREN (VFC) PROGRAM
Universal Hepatitis B Vaccination Program
for Newborns - Hospital Enrollment Form
Year 2007/2008

This document provides shipping information and is used to develop annual population estimates that are submitted to the Centers for Disease Control and Prevention (CDC) and used by CDC to determine Michigan's annual allocation of federal funds. The form is also used to compare estimated vaccine needs with actual vaccine supply.

Profile Table: The following information must be based on data rather than estimates and should reflect the number of children expected to be born in a year. Please document the data source.

Eligibility Criteria	Number of Births
Enrolled in Medicaid	
Uninsured	
American Indian/Alaskan Native	
Underinsured/Fully insured/Private Pay (includes MI-Child)	
ANNUAL TOTALS	

Data source used to determine profile (please check all that apply):

- ☐ Registry Data (MCIR) PREFERRED
- ☐ Provider Encounter Data
- ☐ Vaccine Replacement Data
- ☐ Prior Ordering Data
- ☐ Medicaid Claims Data
- ☐ Tally Sheet
- ☐ Doses Administered Data
- ☐ Other (Specify)_____

Clinic/Site Delivery Hours:

Monday	AM	_____	to	_____	PM	Closed for lunch from: _____
Tuesday	AM	_____	to	_____	PM	Closed for lunch from: _____
Wednesday	AM	_____	to	_____	PM	Closed for lunch from: _____
Thursday	AM	_____	to	_____	PM	Closed for lunch from: _____
Friday	AM	_____	to	_____	PM	Closed for lunch from: _____

HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

Acute (short-term) illness. This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness is more common among adults. Children who become infected usually do not have acute illness.

Chronic (long-term) infection. Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick.

- In 2005, about 51,000 people became infected with hepatitis B.
- About 1.25 million people in the United States have chronic HBV infection.
- Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:

- contact with a mother's blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as **a series of 3 or 4 shots**. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and Adolescents

- All children should get their first dose of hepatitis B vaccine **at birth** and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults **at risk for HBV infection** should be vaccinated. This includes:
  - sex partners of people infected with HBV,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people with jobs that expose them to human blood,
  - household contacts of people infected with HBV,
  - residents and staff in institutions for the developmentally disabled,
  - kidney dialysis patients,

- people who travel to countries where hepatitis B is common,
- people with HIV infection.

- Anyone else who wants to be protected from HBV infection may be vaccinated.

4 Who should NOT get hepatitis B vaccine?

- Anyone with a life-threatening allergy to **baker's yeast**, or to **any other component of the vaccine**, should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a **previous dose of hepatitis B vaccine** should not get another dose.
- Anyone who is **moderately or severely ill** when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your provider can give you more information about these precautions.

Pregnant women who need protection from HBV infection may be vaccinated.

5 Hepatitis B vaccine risks

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following **mild problems** have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, ***could*** cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

6 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

  Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

  VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at **www.hrsa.gov/vaccinecompensation.**

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department. 1-888-767-4687
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit CDC websites at:
    www.cdc.gov/ncidod/diseases/hepatitis
    www.cdc.gov/vaccines
    www.cdc.gov/travel

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine Information Statement (Interim)
Hepatitis B (7/18/07) 42 U.S.C. § 300aa-26

DCH-0450

AUTH: P.H.S., Act 42, Sect. 2126.

To allow medical care provider(s) accurate immunization status information, an immunization assessment, and a recommended schedule for future immunizations, information will be sent to the Michigan Care Improvement Registry. Individuals have the right to request that their medical care provider not forward immunization information to the Registry.

Important Vaccine Information Statement (VIS) Facts

VIS now posted on MDCH website

The English language Vaccine Information Statements (VIS) are now posted on our website. We are also in the process of posting the foreign language VIS.

In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan version of the VIS because they include information about the Michigan Care Improvement Registry (MCIR). By state law, parents must be informed about MCIR. Vaccine Information Statements that are obtained from other sources (e.g., from the CDC or IAC websites) do not contain information about MCIR.

www.michigan.gov/immunize

Foreign Languages

The VIS are available in 36 foreign languages. They include information about MCIR. When the foreign language VIS is not the most current version, parents should also be given the current English version. To receive the VIS in a foreign language, call the MDCH Division of Immunization at 517-335-8159.

We are currently in the process of posting the foreign language VIS on the MDCH website. The foreign language VIS will be posted at www.michigan.gov/immunize.

VIS documentation procedures

By noting the version date of the VIS on the patient's vaccine administration record, the provider is indicating that the parent and/or patient received the most current information about the vaccine. To document this, the provider must note in the patient's medical record the date the VIS was given and the version date of the VIS.

Revised 3/13/08

VIS Version Dates (3/13/08)

VIS	Current Version Date	New Version Dates
Multiple Vaccines **(new)**	1-30-08	
HPV	Interim 2-2-07	
Hep B	Interim 7-18-07	
DTaP	5-17-07	
Td	6-10-94	
Tdap	Interim 7-12-06	
Hib	12-16-98	
IPV	1-1-00	
MMR **(updated)**	Interim 3-13-08	
VAR **(updated)**	Interim 3-13-08	
PCV	9-30-02	
PPV23	7-29-97	
Hep A	3-21-06	
TIV (Flu)	Updated annually	7-16-07
LAIV (Flu)	Updated annually	10-4-07
Meningococcal* (MCV4 & MPSV4)	Interim 1-28-08	
Rota (Rotavirus)	Interim 4-12-06	
Zoster (Shingles)	Interim 9-11-06	
Japanese Encephalitis	5-11-05	
Rabies	1-12-06	
Typhoid	5-19-04	
Yellow Fever	11-09-04	

VIS are available in 36 foreign languages

Albanian
Amheric (Ethiopia)
Arabic
Armenian
Bengali
Bosnian
Burmese
Cambodian
Chinese
Croatian (Serbian)
Farsi
French
German
Haitian Creole
Hindi
Hmong
Ilokano
Italian
Japanese
Korean
Laotian
Marshallese
Polish
Portuguese
Punjabi
Romanian
Russian
Samoan
Serbo-Croatian
Somali
Spanish
Tagalog
Thai
Turkish
Urdu
Vietnamese

After receiving vaccines...

You have received one or more immunizations today: (circled)

Influenza – Injectable	Hepatitis A
Influenza – Nasal	Hepatitis B
Pneumococcal	Measles/Mumps/Rubella
Tetanus/Diphtheria	Varicella (chickenpox)
Tetanus/Diphtheria/Pertussis	Meningococcal
Human Papillomavirus	Zoster (shingles)

Sometimes the immunizations that protect you from serious diseases may also cause some discomfort. Reactions to vaccinations do occur, but serious reactions are rare. The more common reactions are redness, slight swelling and pain at the injection site and fever.

- If your arm becomes sore, you may want to apply ice or a cold pack to the injection area for 5–10 minutes at a time.
- Using or exercising the arm where the injection was given will distribute the medication quickly and decrease soreness.
- If you develop a fever greater than 100°F (38°C)
    - o Please take a fever reducing medication as directed: _____ for the next 24 hours.
    - o Drink plenty of fluids.
    - o Dress lightly.

If you have other questions or are concerned about how you are feeling, CALL the clinic!

The Clinic Phone Number is _____

Your next vaccine(s) are due on or after _____

Michigan Department of Community Health
MDCH
Jennifer M. Granholm, Governor
Janet Olszewski, Director

Injectable Vaccine Administration for Adults*

Vaccine	Age/Reminders	Route	Site	Needle Size	Contraindications†
Tetanus/Diphtheria (Td)	7 years & older	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component; For Tdap: encephalopathy within 7 days of previous pertussis vaccine dose without other known cause
Td with pertussis (Tdap)	11-64 yrs (Adacel®) 10-18 yrs (Boostrix®)				
Hepatitis B (hep B)	3-dose series; no booster recommended	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component (baker's yeast)
Hepatitis A (hep A)	2-dose series; 2nd dose 6 mo after 1st	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix® only: 2-phenoxyethanol)
Measles/Mumps/Rubella (MMR)	Born 1957 or late, assure 1 dose given; 2 doses for high risk	SC	Lateral Upper Arm	5/8" 23-25g	Anaphylactic reaction to prior dose or component (neomycin, gelatin); pregnancy
Varicella (Var)	Born 1980 or later, assure 2 doses or evidence of immunity	SC	Lateral Upper Arm	5/8" 23-25g	Anaphylactic reaction to prior dose or component (neomycin, gelatin); pregnancy
Inactivated Influenza (TIV)	Given yearly (thru March/April)	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component (eggs)
Pneumococcal Polysaccharide (PPV 23)	No more than 2 lifetime doses Space at least 5 years apart	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to prior dose or component
		IM	Deltoid	1"– 1.5" 22-25g	
Meningococcal Conjugate (MCV4)	All adol 11-18 yrs; persons 19-55 yrs with risk factor	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component; history of GBS (use MPSV4)
Human Papillomavirus (HPV4)	Females age 9 thru 26; 3-dose series	IM	Deltoid	1" – 1.5" 22-25g	Anaphylactic reaction to prior dose or component; hypersensitivity baker's yeast
Herpes Zoster (zoster)	Adults 60 years and older	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to prior dose or component (neomycin, gelatin); pregnancy

***** Routinely screen for and administer these vaccines as needed. See Adult Immunization Schedule for additional information on risk groups, dosing and minimum intervals. For travel and select-group vaccine information (IPV, yellow fever, rabies, etc.), refer to www.cdc.gov/vaccines

† Vaccines should never be administered in the buttocks. See package insert for complete contraindication/component listing; components may vary by brand of vaccine

Vaccine Administration Record for Adults

Patient Name: _____

Date of Birth: _____

MCIR ID # _____

Clinic Name/Address

Guide to using this form

Vaccine	Date Vaccine[1] & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site Given[2]	Route[3]	Signature of Vaccine Administrator	Client Status[4]
Tetanus, diphtheria **Td with acellular pertussis** Types are: Td Tdap	01/12/89*	Td							
	04/25/99*	Td							
	07/06/06*	Tdap							
Hepatitis B Types are: HepB HepB-HepA	10/2/02	HepB-HepA	7/11/01	GSK	HAB239A4	RA	IM	Sally Smith RN	P
	11/12/02	HepB-HepA	7/11/01	GSK	HAB239A4	RA	IM	Sally Smith RN	P
	08/04/03	HepB-HepA	7/11/01	GSK	HAB239A4	RA	IM	Jane Doe, MA	P
Measles, Mumps, Rubella Type is: MMR	10/2/02	MMR	06/13/02	MRK	M23456a	LA	SC	Sally Smith RN	P
	11/12/02	MMR	06/13/02	MRK	M23456a	LA	SC	Sally Smith RN	P
Varicella Type is: Var	History	12/03/89							
	of disease								
Influenza Types are: TIV (Injectable) LAIV (Nasal) (See Back for Additional Spaces)	11/12/03	TIV			O88211	RA	IM	Sally Smith RN	P
Pneumococcal Type is: PPV23									
Hepatitis A Types are: HepA HepB-HepA	10/2/02	HepB-HepA	8/25/98	GSK	HAB239A4	RA	IM	Sally Smith RN	P
	11/12/02	HepB-HepA	8/25/98	GSK	HAB239A4	RA	IM	Sally Smith RN	P
	08/04/03	HepB-HepA	8/25/98	GSK	HAB239A4	RA	IM	Jane Doe MA	P
Meningococcal Types are: MCV4 MPSV4									
Human Papillomavirus Type: HPV4									
Zoster Type; Zoster									
Other									
Other									
Other									
Other									

[*] Indicates vaccine given elsewhere

Documents varicella disease history

Same shot (hep A-hep B) 2 different "Date on VIS"

How to complete the administration record for:
- **Single vaccines (those with one VIS)**
- **Combination vaccines (those with more than one VIS)**
- **Vaccines that are given elsewhere, and**
- **History of chickenpox disease**

[1] Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere
[2] Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG, and Nasal
[3] Route Code: IM=intramuscular, SC=subcutaneous, and intranasal
[4] Client VFC Status: M=Medicaid, U=Uninsured, D=Underinsured, A=American Indian or Alaskan Native, P=Private Insurance,

Vaccine Administration Record for Adults

Patient Name: _____

Date of Birth:_____

MCIR ID #_____

Clinic Name/Address

Vaccine	Date Vaccine[1] & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site Given[2]	Route[3]	Signature of Vaccine Administrator	Client Status[4]
Tetanus, diphtheria Td with acellular pertussis Types are: Td Tdap									
Hepatitis B Types are: HepB HepA/HepB									
Measles, Mumps, Rubella Type is: MMR									
Varicella Type is: Var									
Influenza Types are: TIV (Injectable) LAIV (Nasal) (See Back for Additional Spaces)									
Pneumococcal Type is: PPV23									
Hepatitis A Types are: HepA HepA/HepB									
Meningococcal Types are: MCV4 MPSV4									
Human Papillomavirus Type: HPV4									
Zoster Type; Zoster									
Other									
Other									
Other									
Other									

[1] Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere
[2] Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG, and Nasal
[3] Route Code: IM=intramuscular, SC=subcutaneous, and intranasal
[4] Client VFC Status: M=Medicaid, U=Uninsured, D=Underinsured, A=American Indian or Alaskan Native, P=Private Insurance,

Revised December 18, 2006

Vaccine	Date Vaccine[1] & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site Given[2]	Route[3]	Signature of Vaccine Administrator	Client Status[4]
Influenza Types are: TIV (Injectable) LAIV (Nasal)									

Notes:

Note:
Patients/parents should be informed about the risks and benefits associated with immunizations including those associated with the vaccine-preventable disease. Federal and state guidelines do not require a patient/parent signature to administer vaccines. However, health care providers have the option to obtain a signature. Check with your agency for specific requirements.

I have been given a copy and have read, or have had explained to me, the information contained on the appropriate Vaccine Information Statement (VIS) about the disease(s) and the vaccine(s) which are to be administered today. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the specific vaccine(s) and I ask that the vaccine(s) I have requested be given to me, or to the person named, for whom I am authorized to make this request.

1. SIGNATURE	**DATE**	**Insurance Status**	**6. SIGNATURE**	**DATE**	**Insurance Status**
2. SIGNATURE	**DATE**	**Insurance Status**	**7. SIGNATURE**	**DATE**	**Insurance Status**
3. SIGNATURE	**DATE**	**Insurance Status**	**8. SIGNATURE**	**DATE**	**Insurance Status**
4. SIGNATURE	**DATE**	**Insurance Status**	**9. SIGNATURE**	**DATE**	**Insurance Status**
5. SIGNATURE	**DATE**	**Insurance Status**	**10. SIGNATURE**	**DATE**	**Insurance Status**

Injectable Vaccine Administration for Children Birth-6 years

Vaccine	Age/Reminders	Route	Site ¤	Needle*	Contraindications ⊕
Diphtheria, Tetanus, Pertussis (DTaP)	6 weeks-6 years	IM	Anterolateral Thigh **or** Deltoid±	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; encephalopathy without other cause within 7 days of a pertussis-containing vaccine
Haemophilus influenza type B (Hib)	No routine doses after 59 months	IM	Anterolateral Thigh **or** Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Pneumococcal conjugate (PCV7)	No routine doses after 59 months	IM	Anterolateral Thigh **or** Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Hepatitis B (Hep B)	1st dose at birth; last dose at/after 6 months	IM	Anterolateral Thigh **or** Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (baker's yeast)
Inactivated Polio Vaccine (IPV)	For school entry: 1st dose at/ after 6 wks of age; all doses spaced at least 4 weeks apart	SC	Anterolateral Thigh **or** Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, streptomycin, polymyxin B)
		IM	Anterolateral Thigh **or** Deltoid	1"-1.5 22-25 g	
Measles, Mumps, Rubella (MMR)	1st dose at/after 12 mo; 4 week interval between two doses (all ages)	SC	Anterolateral Thigh **or** Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin or gelatin); pregnancy
Varicella (Var)	1st dose at/after 12 mo; 3 mo interval between doses (ages 12 mo-12 yrs)	SC	Anterolateral Thigh **or** Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin or gelatin); pregnancy
Inactivated Influenza (TIV)	6 months and older; brand to use based on age	IM	Anterolateral Thigh **or** Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (eggs)
Hepatitis A (Hep A)	1st dose at/after 12 mo 2nd dose 6 mo later	IM	Anterolateral Thigh **or** Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix®: 2-phenoxyethanol)

¤ Vaccines should never be administered in the buttocks. ⊕ See package insert for complete contraindication/component listing; may vary by brand * Professional judgment is appropriate when selecting needle length for use in all children, especially small infants or larger children.

± Use of the deltoid muscle in children 18 months and older (if adequate muscle mass is present) is an option for IM injections. December 11, 2007

Injectable Vaccine Administration for Children 7-18 Years

Vaccine	Age/Reminders	Route	Site*	Needle*	Contraindications ⊕
Tetanus, diphtheria (Td)	7 years and older	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Tetanus, diphtheria, pertussis (Tdap)	Routinely given at age 11-12 years; one dose ◙	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; encephalopathy within 7 days of previous pertussis vaccine without other known cause
Hepatitis B (hep B)	1st dose at birth; last dose at/after 6 mo	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (baker's yeast)
Inactivated Polio Vaccine (IPV)	For school entry: 1st dose at/after 6 wks of age; all doses spaced at least 4 weeks apart	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, streptomycin, or polymyxin B)
		IM	Deltoid	1"-1.5" 22-25 g	
Measles, Mumps, Rubella (MMR)	1st dose at/after12 mo	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, gelatin); pregnancy
Varicella (Var)	1st dose at/after 12 mo 12mo-12 yr: 3 months between dose 1 & 2	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, gelatin); pregnancy
Inactivated Influenza (TIV)	Assure vaccine brand being used is age-appropriate	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (eggs)
Meningococcal Conjugate (MCV4)	Routinely given at age 11-12 yrs; catch-up all adolescents 13-18 yrs	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component; history of GBS
Human Papilloma-virus (HPV4)	Females 9 through 26 years	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to baker's yeast
Hepatitis A (hep A)	1st dose at/after 12 mo 2nd dose 6 mo later	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix®: 2-phenoxyethanol)

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* Professional judgment is appropriate when selecting needle length and administration site; do not administer vaccines in buttocks

⊕ See package insert for complete contraindication listing; components may vary by brand of vaccine used

◙ Two Tdap vaccines available: Boostrix® (GSK) is licensed for persons 10-18 yrs; ADACEL™ (sanofi pasteur) licensed for persons 11-64 yrs.

Vaccine Administration Record for Children and Teens

Patient Name: Any Child

Date of Birth: 11/30/2002

MCIR ID#

Clinic Name/Address

Guide for using this form...

Vaccine	Date Vaccine[1] & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site Given[2]	Route[3]	Signature of Vaccine Administrator	Client VFC Status[4]
Diphtheria, Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP-HepB-IPV Tdap Td	02/05/03	DTap-HepB-IPV	7/30/01	GSK	635A	RT	IM	Sally Woods MA	M
	04/05/03	DTap-HepB-IPV	7/30/01	GSK	712A2	RT	IM	Sally Woods MA	M
	06/05/03	DTap-HepB-IPV	7/30/01	GSK	712A2	RT	IM	Sally Woods MA	M
***Haemophilus influenzae* type b** Types are: Hib Hib-HepB DTaP-Hib	02/05/03	Hib	12/16/98	AVP	UA744AA	LT	IM	Sally Woods MA	M
	04/05/03	Hib	12/16/98	AVP	UA744AA	LT	IM	Sally Woods MA	M
	06/05/03	Hib	12/16/98	AVp	UA744AA	LT	IM	Sally Woods MA	M
Hepatitis B Types are: HepB Hib-HepB DTaP-HepB-IPV	12/02/02*	Hep B				Given	at	Anywhere Hospital	
	02/05/03	DTap-HepB-IPV	7/11/01	GSK	635A2	RT	IM	Sally Woods MA	M
	04/05/03	DTap-HepB-IPV	7/11/01	GSK	712A2	RT	IM	Sally Woods MA	M
	06/05/03	DTap-HepB-IPV	7/11/01	GSK	712A2	RT	IM	Sally Woods MA	M
Hepatitis A Type is: HepA									
Polio Types are: IPV DTaP-HepB-IPV	02/05/03	DTap-HepB-IPV	1/01/00	GSK	635A2	RT	IM	Sally Woods MA	M
	04/05/03	DTap-HepB-IPV	1/01/00	GSK	712A2	RT	IM	Sally Woods MA	M
	06/05/03	DTap-HepB-IPV	1/01/00	GSK	712A2	RT	IM	Sally Woods MA	M
Measles, Mumps, Rubella Types are : MMR MMRV	12/20/03	MMR	1/15/03	MRK	0857M	LA	SC	Linda Miller MA	M
Varicella Types are: Var MMRV	Disease date								
	11/15/03								
Pneumococcal conjugate Type is: PCV7	02/05/03	PCV 7	9/30/02	WYE	489-835	RT	IM	Sally Woods MA	M
	04/05/03	PCV 7	9/30/02	WYE	489-835	RT	IM	Sally Woods MA	M
	06/05/03	PCV 7	9/30/02	WYE	489-835	RT	IM	Sally Woods MA	M
	03/05/04	PCV 7	9/30/02	WYE	501-245	LT	IM	Sally Woods MA	M
Rotavirus Type is: Rota									
Influenza Types are: TIV (Injectable) LAIV (Intranasal) (More space on the reverse side.)									
Meningococcal Types are: MCV4 MPSV4									
Human Papillomavirus Type is: HPV4									

[*] Indicates vaccine given elsewhere.

Same shot, 3 different Vaccine Information Statements (VIS) version dates

Documents disease history

How to complete the administration record for:
- **Single Vaccines**
- **Combination Vaccines (ie. DTAP-HepB-IPV)**
- **Vaccines that are given elsewhere and**
- **History of Chickenpox Disease**

[1] Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere.
[2] Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG [3] Route Code: IM= intramuscular, SC=subcutaneous, IN=intranasal, PO=oral
[4] Client Status: M=Medicaid, U=Uninsured, D=Underinsured, P=Private Insurance, A=American Indian or Alaskan Native, V=MIVRP, L=Other Public Purchase

Documenting Immunizations- What You Need To Know

The National Childhood Vaccine Injury Act (NCVIA) requires all health care providers in the United States who administer any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, Hib, pneumococcal conjugate, influenza, rotavirus and varicella antigen to document the information detailed below:

Vaccine Administration Record For Children and Teens

Patient Name_____

Date of Birth _____

MCIR ID# _____

Clinic Name/Address

1 2 3 4

Vaccine	Date[1] Vaccine & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site[2] Given	Route[3]	Signature of Vaccine Administrator	Client VFC Status[4]
Diphtheria, Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP-HepB-IPV Td Tdap									

1 The date the vaccine is administered and the date the Vaccine Information Statement (VIS) was given must be charted. Combination vaccines should be recorded under EACH of the antigens in the vaccine. If the vaccine was administered elsewhere, add an asterisk after the administration date.

2 Federal law requires the health care provider to provide a copy of the most current version of the appropriate Vaccine Information Statement (VIS). VIS are updated when there are changes in the information. By noting the version date of the VIS in the patient's medical record, the provider is indicating that the patient or parent has received the most current information about the vaccine. For combination vaccines (except MMR and DTaP), a VIS for each antigen in the vaccine must be provided and documented. In Michigan, it is important to use VIS that includes information about the Michigan Care Improvement Registry (MCIR). These VIS are available free from your local health department or at www.michigan.gov/immunize

The version date is located on the back of the VIS, towards the bottom.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

Vaccine Information Statement
Hepatitis A (3/21/06) 42 U.S.C. § 300aa-26

Vaccines not administered due to true contraindications, supply, or parental refusal should be noted. A sample *Refusal to Consent to Vaccinations* form may be found in this section of the AIM Kit.

3 The lot number of the vaccine used and the manufacturer name must be documented for each immunization administered. This information will be needed in the case of an adverse event or vaccine recall.

4 The name and title of the person who administered the vaccine must be charted. The clinic name and address should also be documented on the record.

Vaccine Administration Record for Children and Teens

Patient Name: _____

Date of Birth: _____

MCIR ID#

Clinic Name/Address

Vaccine	Date Vaccine[1] & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site Given[2]	Route[3]	Signature of Vaccine Administrator	Client VFC Status[4]
Diphtheria, Tetanus, Pertussis Types are: DTaP DT DTaP-Hib DTaP-HepB-IPV Tdap Td									
***Haemophilus influenzae* type b** Types are: Hib Hib-HepB DTaP-Hib									
Hepatitis B Types are: HepB Hib-HepB DTaP-HepB-IPV									
Hepatitis A Type is: HepA									
Polio Types are: IPV DTaP-HepB-IPV									
Measles, Mumps, Rubella Types are : MMR MMRV									
Varicella Types are: Var MMRV									
Pneumococcal conjugate Type is: PCV7									
Rotavirus Type is: Rota									
Influenza Types are: TIV (Injectable) LAIV (Intranasal) (More space on the reverse side.)									
Meningococcal Types are: MCV4 MPSV4									
Human Papillomavirus Type is: HPV4									

[1] **Place an asterisk (*) next to the date the vaccine was given to indicate vaccines administered elsewhere.**
[2] **Site Code: LA=LT ARM, RA=RT ARM, LL=LT LEG, RL=RT LEG** [3] **Route Code: IM= intramuscular, SC=subcutaneous, IN=intranasal, PO=oral**
[4] **Client Status: M=Medicaid, U=Uninsured, D=Underinsured, P=Private Insurance, A=American Indian or Alaskan Native, V=MIVRP, L=Other Public Purchase**

Vaccine Administration Record for Children and Teens **Side 2**

Patient Name: _____ Date of Birth: _____ MCIR ID# _____

Vaccine	Date Vaccine[1] & Vaccine Information Statement Given	Type of Vaccine	Date on Vaccine Information Statement (VIS)	Vaccine Manf.	Vaccine Lot Number	Site Given[2]	Route[3]	Signature of Vaccine Administrator	Client VFC Status[4]
Influenza Types are: TIV LAIV									
Other									
Other									
Other									
Other									

Note:
Patients/parents should be informed about the risks and benefits associated with immunizations including those associated with the vaccine-preventable disease. Federal and state guidelines do not require a parent/patient signature to administer vaccines. However, health care providers have the option to obtain a signature. Check with your agency for specific requirements.

I have been given a copy and have read, or have had explained to me, the information contained on the appropriate Vaccine Information Statement (VIS) about the disease(s) and the vaccine(s) which are to be administered today. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the specific vaccine(s) and I ask that the vaccine(s) I have requested be given to me, or to the person named, for whom I am authorized to make this request.

1. SIGNATURE	**DATE**	**Insurance Status**	**7. SIGNATURE**	**DATE**	**Insurance Status**
2. SIGNATURE	**DATE**	**Insurance Status**	**8. SIGNATURE**	**DATE**	**Insurance Status**
3. SIGNATURE	**DATE**	**Insurance Status**	**9. SIGNATURE**	**DATE**	**Insurance Status**
4. SIGNATURE	**DATE**	**Insurance Status**	**10. SIGNATURE**	**DATE**	**Insurance Status**
5. SIGNATURE	**DATE**	**Insurance Status**	**11. SIGNATURE**	**DATE**	**Insurance Status**
6. SIGNATURE	**DATE**	**Insurance Status**	**12. SIGNATURE**	**DATE**	**Insurance Status**

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Janet Olszewski, Director

Vaccine Storage Basics

1. **Keep the refrigerator/freezer plugged in and cold**

    1. Refrigerators should have separate, sealed refrigerator & freezer compartments
    2. Have separate temperature controls for refrigerator & freezer compartments
    a. Put certified thermometers in the refrigerator and in the freezer
    b. Check and record the temperature in the refrigerator & freezer twice daily
    c. Use a safety plug or plug cover to prevent accidental disconnection
    d. Place "DO NOT UNPLUG" warnings near the outlet and circuit breaker
    e. Keep water bottles in refrigerator and ice packs in freezer

2. **Keep these vaccines in the refrigerator (35° – 46° F or 2° – 8° C)**

LAIV	Hep B	Rota
DTaP, Tdap, Td, DT	HPV4	PCV7
Hib	MMR*	PPV23
IPV	MCV4	TIV
Hep A	MPSV4	

    a. Put them in the refrigerator as soon as they arrive

3. **Keep these vaccines frozen (5°F or -15°C or lower)**

Varicella	MMRV
MMR*	Zoster

    a. Put them in the freezer as soon as they arrive

4. **Keep vaccines protected from light**

    a. Remove individual dose vials from cardboard package only as needed

5. **Do not allow vaccine to expire**

    a. Check expiration dates monthly
    b. Place vaccines so those that will expire first are used first
    c. Stock only what you can use in 1– 2 months
    d. For VFC vaccine: call your local health department VFC contact person if any of your VFC vaccine will expire in 3-6 months

6. **Transport vaccines correctly**

    a. Refrigerated vaccines must be transported in an insulated cooler with a barrier separating the vaccines from the ice/cold packs
    b. Place a thermometer in the cooler to monitor the temperature
    c. Frozen vaccines can only be transported in an insulated cooler with dry ice
    d. Place vaccines appropriately in the refrigerator or freezer immediately upon arrival at the clinic

* MMR vaccine can be stored in the refrigerator or the freezer

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Information for People with Chronic Hepatitis B Infection
How to Take Care of Yourself and Others

People with chronic hepatitis B virus (HBV) infection (having HBV for more than six months) are known as carriers. Carriers who get HBV at a young age have an increased risk of liver disease as adults. Most HBV carriers do not feel or look sick, but still need to see their doctor at least once a year for follow-up care.

Carriers may feel healthy, but they can still give HBV to others. Carriers must protect others from their blood, or other body fluids such as semen and vaginal fluids. HBV is not spread by sneezing, coughing, or by casual contact such as holding hands or hugging.

What you can do to take care of yourself

- See your doctor for a check-up at least once a year
- Review all medications (prescription, over-the-counter, and alternative) with your doctor
- Discuss with your doctor about getting periodic ultrasounds, alpha-fetoprotein (AFP) blood tests, or other studies to make sure there is no evidence of a developing liver cancer
- Don't drink alcohol because it can further damage your liver, especially when used with acetaminophen (an ingredient found in cold and headache remedies)
- Don't eat raw oysters
- Get the hepatitis A vaccinations and all other immunizations that may be needed

What you can do to protect others

- If you are pregnant, tell your doctor that you have HBV so your baby can get the hepatitis B (hepB) vaccine and hepatitis B immune globulin (HBIG) at birth
- Cover all cuts and open sores
- Properly dispose of all items such as tissues, menstrual pads and tampons, so others don't come into contact with any blood or body fluids
- Wash hands well after touching your blood or body fluids
- Clean up blood spills with one part bleach to ten parts water
- Make sure all household and sexual partners are tested and treated
- Tell your sexual partner(s) that you have HBV and continue to use a latex condom until they have had a blood test and are fully vaccinated, if needed
- Let your doctor and dentist know that you have HBV
- Do **NOT** share food or gum that has been in your mouth
- Do **NOT** share toothbrushes, razors, tattooing and body piercing equipment, earrings, nail files, clippers, or anything that may have come into contact with your blood or body fluids
- Do **NOT** share syringes or needles
- Do **NOT** donate blood, plasma, body organs, tissue, sperm or eggs

(Modified from Immunization Action Coalition's *If You Have Chronic Hepatitis B Virus (HBV) Infection* #P4120-08/05)

Michigan Department of Community Health
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Janet Olszewski, Director

Advice for Parents

Parents face many issues while raising their children, but having a child with the hepatitis B virus (HBV) presents new challenges.

Avoid the spread of HBV

- All parents, siblings and other household members need hepatitis B (hepB) vaccine.
- Extended family members, childcare providers, family, friends and others that have frequent and close contact with an infected child should consider hepB vaccination.

Know the facts

- Give clear and simple facts about hepatitis B:
  - It is spread through blood and infected body fluids.
  - It can be spread through bites or open wounds.
  - It cannot be spread by sharing toys, sneezing, coughing, spitting, or hugging.
  - There is a safe and effective vaccine to protect you.

Telling others

- Consider if your child is at high or low risk for exposing others to his or her blood or body fluids (e.g., consider age, frequency of accidents, nosebleeds, biting, frequent or occasional contact).
- More and more children are now getting vaccinated against HBV, so the risk of your child infecting others is reduced.
- Use common sense in deciding whom to tell about your child's HBV. Once you tell someone, you cannot take it back!

Practice Universal Precautions

- Blood and body fluids should be treated as if they are potentially infectious.
- Clean all spills with a diluted solution of bleach (one part bleach and ten parts water).
- Properly dispose of items used to clean spills.
- Properly dispose of items such as tissues, menstrual pads and tampons, band-aids, and wound dressings so others don't come into contact with any blood or body fluids.
- Wash your hands thoroughly with soap and warm water.

(Modified from the Hepatitis B Foundation's *Advice for Parents*)

Countries with Moderate or High Rates of Hepatitis B

(Greater than 2% of the population is HBsAg positive for Hep B)

Afghanistan
Albania
Algeria
American Samoa
Angola
Antigua & Barbuda
Armenia
Azerbajan
Bahrain
Bangladesh
Benin
Bhutan
Botswana
Brazil
Brunei
Bulgaria
Burkina Faso
Burundi
Byelorus
Cambodia (Kampuchea)
Cameroon
Cape Verde
Cayman Islands
Central African Republic
Chad
China
Comoros
Congo, Peoples Republic
Cook Islands
Cote d'Ivoire
Czechloslavakia
Djibouti
Dominica
Dominican Republic
Ecuador
Eqypt, Arab Republic of
Equatorial Guinea
Estonia
Ethiopia
Fiji
French Guiana
French Polynesia
Gabon
Gambia, The
Georgia
Ghana
Greece
Grenada
Guadeloupe
Guam
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
Hong Kong
India
Indonesia
Iran
Iraq
Israel
Italy
Jamaica
Japan
Jordan
Kazakhstan
Kenya
Kirgyzstan
Kiribati
Korea, Peoples (DPR)
Korea, Republic of
Kuwait
Laos
Latvia
Lebanon
Lesotho
Liberia
Libya
Lithuania
Macau
Madagascar
Malawi
Malaysia
Maldives
Mali
Malta
Marshall Islands
Martinique
Mauritania
Mauritius
Micronesia, FSM
Moldova
Mongolia
Morocco
Mozambique
Myanmar
Namibia
Nepal
Netherlands Antilles
New Caledonia
Niger
Nigeria
Northern Marinia
Oman
Pakistan
Palau
Papau New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Puerto Rico
Qatar
Reunion
Romania
Russia
Rwanda
Samoa, Western
Sao Tome & Principe
Saudi Arabia
Senegal
Seychelles
Sierra Leone
Singapore
Slovakia
Solomon Islands
Somalia
South Africa
Spain
St. Kitts and Nevis
St. Lucia
Sudan
Suriname
Swaziland
Syrian Arab Republic
Taiwan
Tajikistan
Tanzania, United Rep.
Thailand
Togo
Tonga
Tunisia
Turkey
Turkmenistan
Uganda
Ukraine
United Arab Emirates
UNRWA
Uzbekistan
Vanuatu
Venezuela
Vietnam
Virgin Islands, U.S.
Wallis and Futuna
Yemen
Yemen Dem
Yugoslavia
Zaire
Zambia
Zimbabwe

Free immunization brochures and materials order form

Submit your order at www.healthymichigan.com

You may also fax this order form to (517) 699-2376. For information about orders that have already been placed, call the Michigan Department of Community Health (MDCH) Clearinghouse toll-free at (888) 76-SHOTS. Other questions should be directed to the MDCH Division of Immunization (517) 335-8159.

Please enter quantity for each requested item. (Orders for brochures are usually limited to 500, unless otherwise stated. Limits on orders may be temporarily decreased if inventory is low.)

Quantity needed	Item requested
(Limit 1)	**2008 Alliance for Immunization in Michigan (AIM) Provider Tool Kit** – (Updated annually) This packet is designed for health care professionals who administer vaccines to their patients. Immunization schedules for children, adolescents and adults are included, along with information about contraindications, administration, documentation, and storage and handling of vaccines.
The AIM Provider Tool Kit is now online: **www.aimtoolkit.org**	
(Limit 250)	**The Individual Immunization Record card** has replaced the Adult Immunization Record card. The new card is used for children, adolescents and adults in Michigan. The limit for orders placed through the MDCH Clearinghouse is 250. **Hospitals and local health departments:** Please place your orders directly with the Michigan Department of Community Health's Division of Immunization by calling (517) 335-8159.
(Limit 50)	**Influenza Vaccination Pocket Guide** – (the pocket guides are for health care providers only)
(Limit 50)	**Pneumococcal Polysaccharide (PPV23) Vaccination Pocket Guide** – (for health care providers)
Quantity needed	**Brochures**
	Protect Babies and Toddlers from Serious Diseases
	Keep Your Family Safe from the Flu
	If you have Diabetes, Getting a Flu Shot is a Family Affair
	Shots for your Child (about the Vaccines for Children program)

Quantity needed	Brochures
	Protect Pre-Teens and Teens from Serious Diseases (This brochure will be available in June 2008. This is a new brochure that replaces an older brochure for teens called "Are you 11-19 Years Old? Teens and Immunizations.")
	Adult Immunizations: Are you protected?
	Hepatitis B: What Parents Need to Know (With special information for pregnant women)
	The Dangers of Hepatitis B: What they are, How to avoid them
	Hepatitis, What you need to know (ABCs)
	Childhood Immunizations: Vaccine Safety (This brochure will be available in June 2008. This is a new brochure that replaces an older brochure called "Vaccine Safety.")
	Antibiotics: What You Should Know

To order:

- **Submit your order at www.healthymichigan.com**
- This form may also be faxed to the MDCH Clearinghouse at (517) 699-2376

Name: _____

Type of Clinic/practice: ☐ Pediatric ☐ Family Practice ☐ Adult/Internal Med ☐ OB/GYN ☐ Specialty

Email address*: _____

Street address*: _____

City: _____ **State: MI** Zip code:** _____

Phone no.: _____ (include area code)

*Complete email address to receive immunization information updates.

** Reminder: We cannot ship to P.O. boxes. ** Materials are available to Michigan residents only.

For more information or for special requests, contact the Michigan Department of Community Health, Division of Immunization (517) 335-8159.

Revised 5/19/08

Michigan Department of Community Health

MDCH

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Immunization Materials

Order Date:

To order, complete the shipping information below, then indicate the quantity of each item you desire. Where possible, the latest revision date for an item is given. **NOTE:** Private providers, mail your order to your local county health department. Local county health departments, mail/fax your order to the Division of Immunization, Michigan Department of Community Health, 201 Townsend Street, PO Box 30195, Lansing, MI 48909; fax number: 517-335-9855. **Orders cannot be shipped to a PO Box.**

Organization	**Contact Person**
Street Address	**Phone Number** (include area code)
City	**Zip Code**

FORMS

Quantity		Quantity	
	Health Appraisal Form (7-2006) OCAL-3305		Official Certificate of Immunization - Wallet Size (2-2007) DCH-0592
	Immunization Materials Order Form (5-2007) DCH-0487		Perpetual Inventory Record Card (8" x 5") (2-2002) DCH-1117
	Immunization Signature Record Card (4-2007) DCH-0606		Perpetual Inventory Record Sheet (5-91) DCH-0607
	Mich. School Bldg. Weekly Report for Communicable Disease (3-2005) DCH-0453		Vaccine Administration Record (9-94) IP-95
	MOMS Reminder Card (General) (1-96) IP-12		Vaccine Adverse Event Reporting System VAERS-1
	MOMS Reminder Card (Tots) (1-96) IP-12A		

PERINATAL HEPATITIS B MATERIALS (Call 517-335-8122 to order hepatitis B forms)

Quantity		Quantity	
	NEW Alert Stickers (Infant Must receive HBIG & 1st dose Hep B within 12 hours of birth)		Hepatitis B Perinatal Case Report Infant/ Contact DCH-0973 **REVISED 4-08**
	Important Cards		Mothers — Don't share hepatitis B" Cards IP-87
	Alert Stickers (Must complete Hep B Series and Have a Blood Test)		

VACCINE INFORMATION STATEMENTS (VIS)

QUANTITY:	**NEW!** Multi-Vaccine VIS — This 4-page VIS provides information on hepatitis B, Polio, Pneumococcal disease, DTaP, Rotovirus & Hib vaccines. **For patients 0-6 months of age.**

MORE VACCINE INFORMATION STATEMENTS ON BACK > > > >

VACCINE INFORMATION STATEMENTS (VISs)

All Vaccine Information Statements are available in the languages shown unless otherwise noted. Please indicate the number of VIS sheets you require in each language desired. All English VISs are available ONLY in packages of 250. All translations may have the same version date as the English version. The following VISs are available in the indicated languages.

LANGUAGE KEY ☞	English **(E)**, Albanian **(AL)**, Arabic **(AR)**, Armenian **(A)**, Bosnian **(B)**, Burmese **(BU)** Cambodian **(CA)**, Chinese **(C)**, Croation (Serbian) **(CR)**, Farsi **(FA)**, French **(F)**, German **(G)**, Haitian Creole **(HC)**, Hindi **(HI)**, Hmong **(H)**, Ilokano **(IL)**, Italian **(I)**, Japanese **(J)**, Korean **(K)**, Laotian **(L)**, Marshallese **(M)**, Polish **(PO)**, Portuguese **(P)**, Punjabi **(PU)**, Romanian **(RO)**, Russian **(RU)**, Samoan **(SA)**, Serbo-Croatian **(SC)**, Somali **(SO)**, Spanish **(S)**, Tagalog **(T)**, Thai **(TH)**, Turkish **(TU)**, Vietnamese **(V)**
Chickenpox	Available in: All **except** M
DTaP	Available in: All **except** M
Hib	Available in: All **except** M
Hepatitis A	Available in: All **except** BU, M
Hepatitis B	Available in: All **except** M
Influenza	Available in: All **except** AR, BU, G, M, RO, SA
Japanese Encephalitis	Available in E
MMR	Available in: All languages
Meningococcal	Available in: E, HC, PO, RU, SO, S, TH, TU
Pneumococcal Conjugate	Available in: All **except** BU, M
Pneumococcal Polysaccharide	Available in: E, CA, C, HC, H, L, RU, SO, S, TH, TU, V
Polio	Available in: All **except** BU**,** M
Rabies	Available in: E, S
Rotavirus	Available in: E, S, TH
Smallpox	Available in: E, CA, H, L, RU, SC, SO, S, V
Td	Available in: All **except** BU**,** M
Tdap	Available in: E, S
Typhoid	Available in: E, S
Yellow Fever	Available in: E, S

To order VIS in the desired language, please indicate how many of each language you need. Example: For Chickenpox – 250 E, 100 S, 25 J = Equals: 250 English, 100 Spanish & 25 Japanese. **Please PRINT clearly.**

Chickenpox	
DTaP	
Hib	
Hepatitis A	
Hepatitis B	
Human Papillomavirus (E , S, TH Only)	
Influenza	
MMR	
Meningococcal	
Pneumococcal Conjugate	
Pneumococcal Polysaccharide	
Polio	
Rabies	
Rotavirus	
Smallpox	
Shingles (English Only)	
Td	
Tdap	
Typhoid	
Yellow Fever	

Michigan Department of Community Health

MDCH

Jennifer M. Granholm, Governor
Janet Olszewski, Director

Web Sites for Hepatitis Resources

GENERAL INFORMATION

American Academy of Pediatrics . . . . . www.aap.org
Centers for Disease Control & Prevention (CDC) . . . . . www.cdc.gov
CDC Morbidity and Mortality Weekly Report (MMWR) . . . . . www.cdc.gov/mmwr
Immunization Action Coalition (IAC) . . . . . www.immunize.org
IAC (vaccine information) . . . . . www.vaccineinformation.org
Immunization Gateway . . . . . www.immunofacts.com
Michigan Occupational Safety and Health Administration (MIOSHA) . . . . . www.michigan.gov/miosha
MIOSHA Standards for Bloodborne Pathogens www.michigan.gov/documents/CIS_WSH_part554_35632_7.pdf
Parents of Kids w/Infectious Diseases (PKIDS) . . . . . www.pkids.org
Partnership for Prescription Assistance . . . . . www.pparxmi.org
Patient Advocate Foundation . . . . . www.patientadvocate.org
Vaccine Safety . . . . . www.cdc.gov/vaccinesafety
World Health Organization (WHO) . . . . . www.who.int/immunization

HEPATITIS INFORMATION

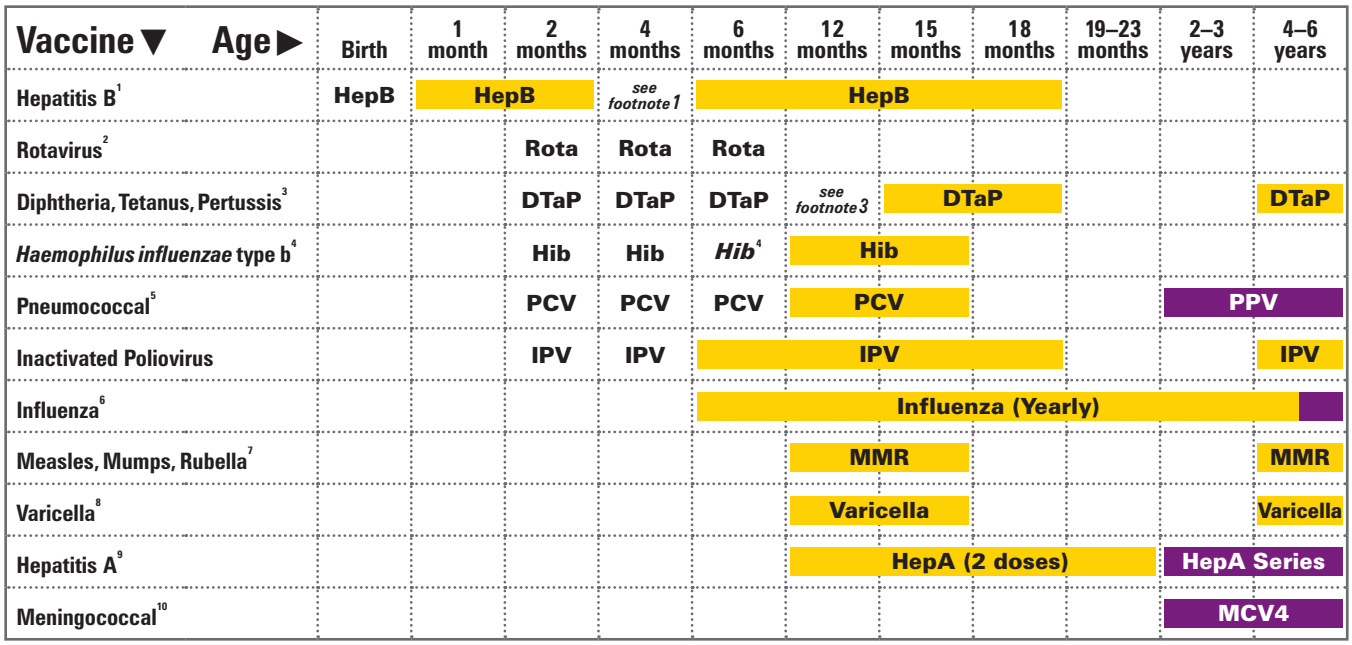
American Gastroenterological Association . . . . . www.gastro.org
American Liver Foundation . . . . . www.liverfoundation.org
Asian Liver Center . . . . . www.asianlivercenter.org
CDC Hepatitis Information . . . . . www.cdc.gov/hepatitis
Clinical Trial Information . . . . . www.clinicaltrials.gov
Hepatitis and Intravenous Drug Use . . . . . www.cdc.gov/idu/hepatitis/index.htm
Hepatitis B Foundation (Liver Specialists) . . . . . www.hepB.org
Hepatitis B Info Page . . . . . www.geocities.com/hbvinfo
Hepatitis B Recommendations: "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States" www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm
Hepatitis B support information . . . . . www.hblist.org
Hepatitis C Info Page . . . . . www.all-about-hepatitisc.com
Hepatitis C Connection . . . . . .www.hepc-connection.org
Hepatitis Foundation International . . . . . www.hepfi.org
Hepatitis Support Project . . . . . www.hbvadvocate.org
HIV and Hepatitis Site . . . . . www.HIVandHepatitis.com
Janis and Friends - Hepatitis C Support www.Janis7hepc.com
Michigan Hepatitis C Foundation . . . . . www.mihepc.org
National Foundation for Infectious Diseases . . . . . www.nfid.org/library/hepb_safety.html
North American Society for Pediatric Gastroenterology, Heptology, and Nutrition . . . . . www.naspgn.org
Perinatal Hepatitis B Program Manual . . . . . www.michigan.gov/hepatitisB

PHARMACEUTICAL COMPANIES

Amgen . . . . . www.amgen.com
Bristol-Myers Squibb Company . . . . . www.bristolmyers.com
Chiron . . . . . www.chiron.com
Gilead . . . . . www.gilead.com
GlaxoSmithKline . . . . . www.gsk.com
MedImmune . . . . . www.medimmune.com
Merck and Co., Inc . . . . . www.merck.com
North American Biologics, Inc . . . . . www.nabi.com
Roche Pharmaceuticals . . . . . www.roche.com
sanofi pasteur . . . . . .www.sanofipasteur.com
Schering-Plough . . . . . www.schering.com
Wyeth-Lederle Vaccines and Pediatrics . . . . . www.ahp.com

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008

For those who fall behind or start late, see the catch-up schedule



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at **www.cdc.gov/vaccines/recs/schedules**. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for **high-risk conditions: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm**. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at **www.vaers.hhs.gov** or by telephone, **800-822-7967**.

1. Hepatitis B vaccine (HepB). *(Minimum age: birth)*

At birth:

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg) positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HBsAg laboratory report in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered no earlier than age 24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

2. Rotavirus vaccine (Rota). *(Minimum age: 6 weeks)*

- Administer the first dose at age 6–12 weeks.
- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer any dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). *(Minimum age: 6 weeks)*

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). *(Minimum age: 6 weeks)*

- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHIBit® (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children age 12 months or older.

5. Pneumococcal vaccine. *(Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])*

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
- Administer PPV to children aged 2 years and older with underlying medical conditions.

6. Influenza vaccine. *(Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])*

- Administer annually to children aged 6–59 months and to all eligible close contacts of children aged 0–59 months.
- Administer annually to children 5 years of age and older with certain risk factors, to other persons (including household members) in close contact with persons in groups at higher risk, and to any child whose parents request vaccination.
- For healthy persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if age 6–35 months or 0.5 mL if age 3 years or older.
- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.

7. Measles, mumps, and rubella vaccine (MMR). *(Minimum age: 12 months)*

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.

8. Varicella vaccine. *(Minimum age: 12 months)*

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Do not repeat second dose if administered 28 days or more after first dose.

9. Hepatitis A vaccine (HepA). *(Minimum age: 12 months)*

- Administer to all children aged 1 year (i.e., aged 12–23 months). Administer the 2 doses in the series at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

10. Meningococcal vaccine. *(Minimum age: 2 years for meningococcal conjugate vaccine (MCV4) and for meningococcal polysaccharide vaccine (MPSV4))*

- Administer MCV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. MPSV4 is also acceptable.
- Administer MCV4 to persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (http://www.aap.org), and the American Academy of Family Physicians (http://www.aafp.org).

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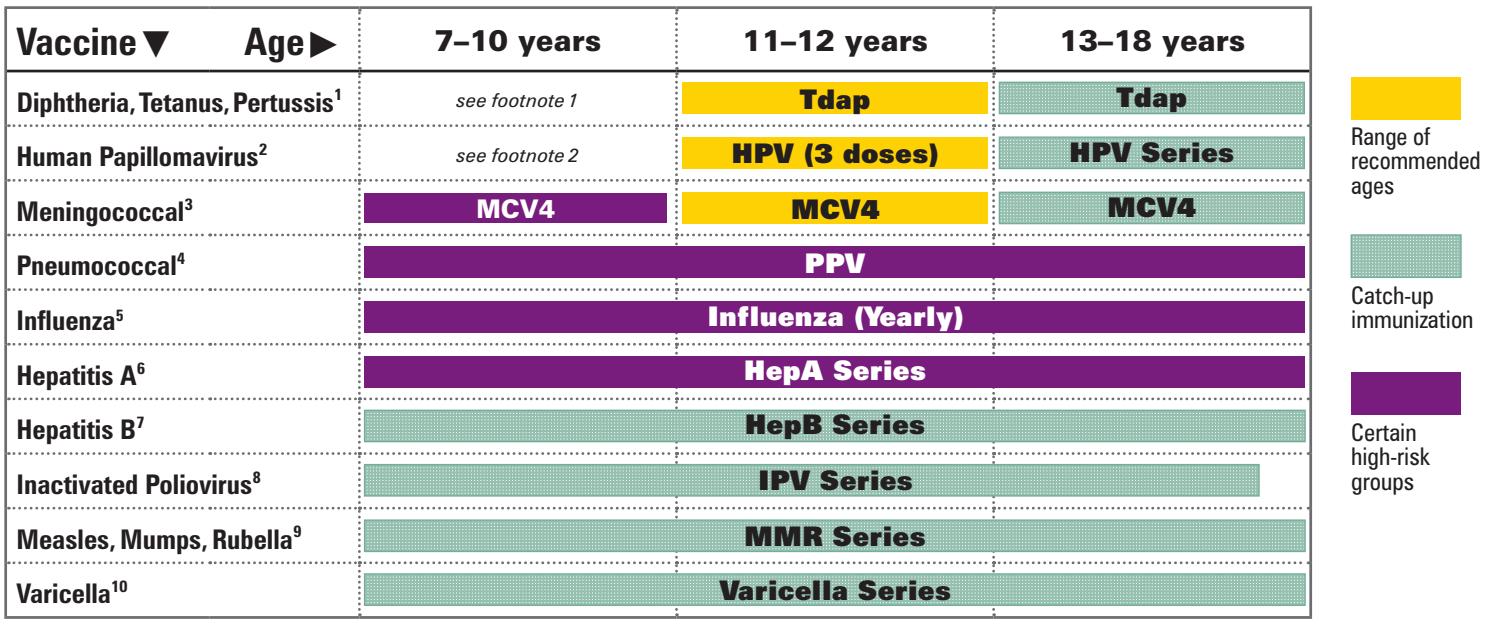
Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2008

For those who fall behind or start late, see the green bars and the catch-up schedule



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 7–18 years. Additional information is available at **www.cdc.gov/vaccines/recs/schedules**. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for **high risk conditions: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm**. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at **www.vaers.hhs.gov** or by telephone, **800-822-7967**.

1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). *(Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™)*
- Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose.
- 13–18-year-olds who missed the 11–12 year Tdap or received Td only are encouraged to receive one dose of Tdap 5 years after the last Td/DTaP dose.

2. Human papillomavirus vaccine (HPV). *(Minimum age: 9 years)*
- Administer the first dose of the HPV vaccine series to females at age 11–12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

3. Meningococcal vaccine.
- Administer MCV4 at age 11–12 years and at age 13–18 years if not previously vaccinated. MPSV4 is an acceptable alternative.
- Administer MCV4 to previously unvaccinated college freshmen living in dormitories.
- MCV4 is recommended for children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups.
- Persons who received MPSV4 3 or more years previously and remain at increased risk for meningococcal disease should be vaccinated with MCV4.

4. Pneumococcal polysaccharide vaccine (PPV).
- Administer PPV to certain high-risk groups.

5. Influenza vaccine.
- Administer annually to all close contacts of children aged 0–59 months.
- Administer annually to persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at higher risk.
- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose.
- For healthy nonpregnant persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.

6. Hepatitis A vaccine (HepA).
- Administer the 2 doses in the series at least 6 months apart.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

7. Hepatitis B vaccine (HepB).
- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

8. Inactivated poliovirus vaccine (IPV).
- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

9. Measles, mumps, and rubella vaccine (MMR).
- If not previously vaccinated, administer 2 doses of MMR during any visit, with 4 or more weeks between the doses.

10. Varicella vaccine.
- Administer 2 doses of varicella vaccine to persons younger than 13 years of age at least 3 months apart. Do not repeat the second dose if administered 28 or more days following the first dose.
- Administer 2 doses of varicella vaccine to persons aged 13 years or older at least 4 weeks apart.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (http://www.aap.org), and the American Academy of Family Physicians (http://www.aafp.org).

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Catch-up Immunization Schedule

UNITED STATES • 2008

for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B[1]	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Rotavirus[2]	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis[3]	6 wks	4 weeks	4 weeks	6 months	6 months[3]
Haemophilus influenzae type b[4]	6 wks	4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at 15 months of age or older	4 weeks[4] if current age is younger than 12 months 8 weeks (as final dose)[4] if current age is 12 months or older and second dose administered at younger than 15 months of age No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal[5]	6 wks	4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose) if first dose administered at age 12 months or older or current age 24–59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Inactivated Poliovirus[6]	6 wks	4 weeks	4 weeks	4 weeks[6]	
Measles, Mumps, Rubella[7]	12 mos	4 weeks			
Varicella[8]	12 mos	3 months			
Hepatitis A[9]	12 mos	6 months			

CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS

Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis[10]	7 yrs[10]	4 weeks	4 weeks if first dose administered at younger than 12 months of age 6 months if first dose administered at age 12 months or older	6 months if first dose administered at younger than 12 months of age	
Human Papillomavirus[11]	9 yrs	4 weeks	12 weeks (and 24 weeks after the first dose)		
Hepatitis A[9]	12 mos	6 months			
Hepatitis B[1]	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Inactivated Poliovirus[6]	6 wks	4 weeks	4 weeks	4 weeks[6]	
Measles, Mumps, Rubella[7]	12 mos	4 weeks			
Varicella[8]	12 mos	4 weeks if first dose administered at age 13 years or older 3 months if first dose administered at younger than 13 years of age			

1. Hepatitis B vaccine (HepB).
- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

2. Rotavirus vaccine (Rota).
- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks.
- Do not administer a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).
- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.
- DTaP is not indicated for persons aged 7 years or older.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib).
- Vaccine is not generally recommended for children aged 5 years or older.
- If current age is younger than 12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
- If first dose was administered at age 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.

5. Pneumococcal conjugate vaccine (PCV).
- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
- For children with underlying medical conditions, administer 2 doses of PCV at least 8 weeks apart if previously received less than 3 doses, or 1 dose of PCV if previously received 3 doses.

6. Inactivated poliovirus vaccine (IPV).
- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- IPV is not routinely recommended for persons aged 18 years and older.

7. Measles, mumps, and rubella vaccine (MMR).
- The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
- If not previously vaccinated, administer 2 doses of MMR during any visit with 4 or more weeks between the doses.

8. Varicella vaccine.
- The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
- Do not repeat the second dose in persons younger than 13 years of age if administered 28 or more days after the first dose.

9. Hepatitis A vaccine (HepA).
- HepA is recommended for certain groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–23.

10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).
- Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at younger than 12 months of age. Refer to ACIP recommendations for further information. See *MMWR* 2006;55(No. RR-3).

11. Human papillomavirus vaccine (HPV).
- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

Information about reporting reactions after immunization is available online at **http://www.vaers.hhs.gov** or by telephone via the 24-hour national toll-free information line 800-822-7967. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at **http://www.cdc.gov/vaccines** or telephone, **800-CDC-INFO (800-232-4636)**.

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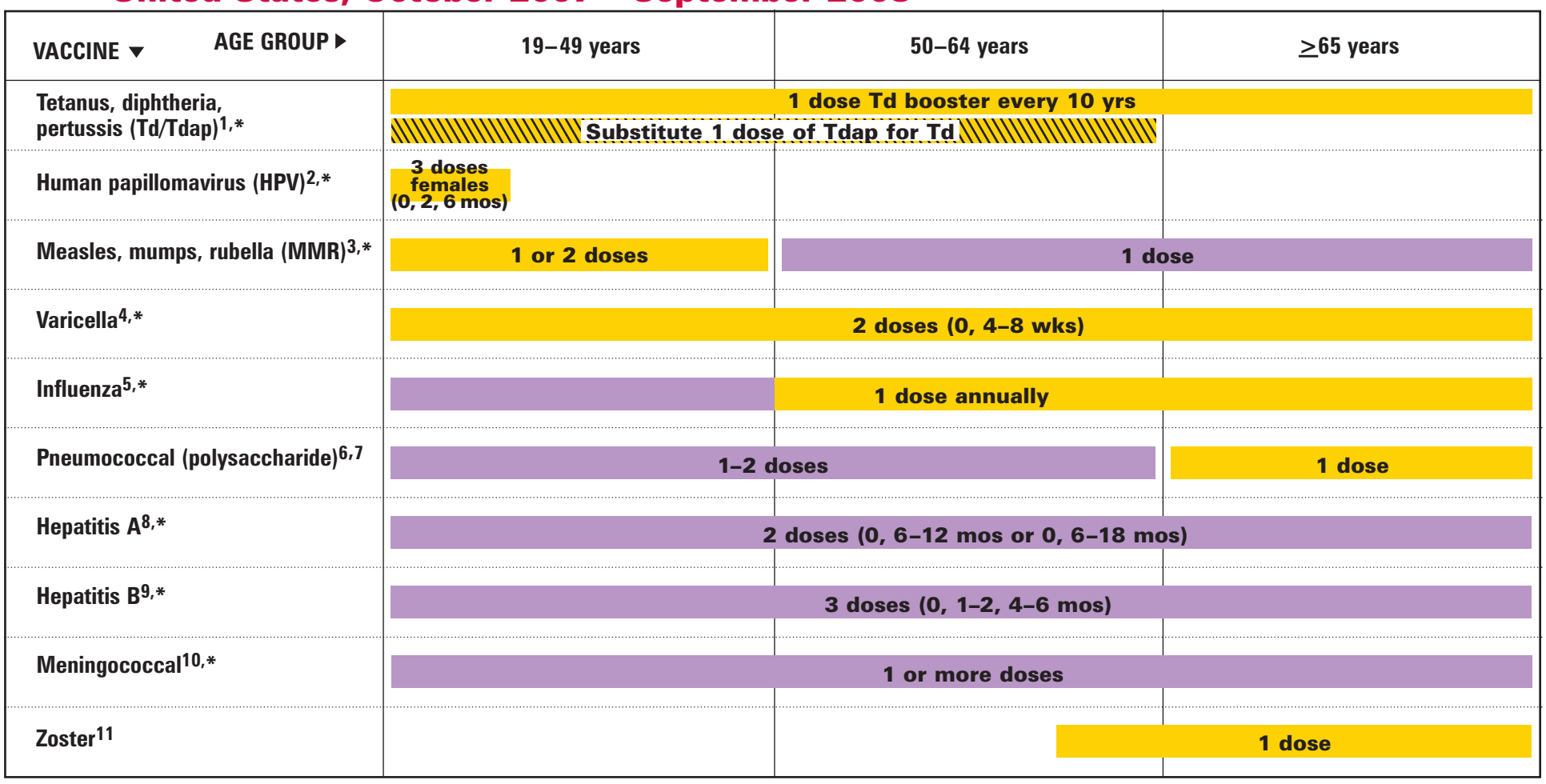
CS113897

Recommended Adult Immunization Schedule

Note: These recommendations must be read with the footnotes that follow.

Figure 1. Recommended adult immunization schedule, by vaccine and age group United States, October 2007 – September 2008



*Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

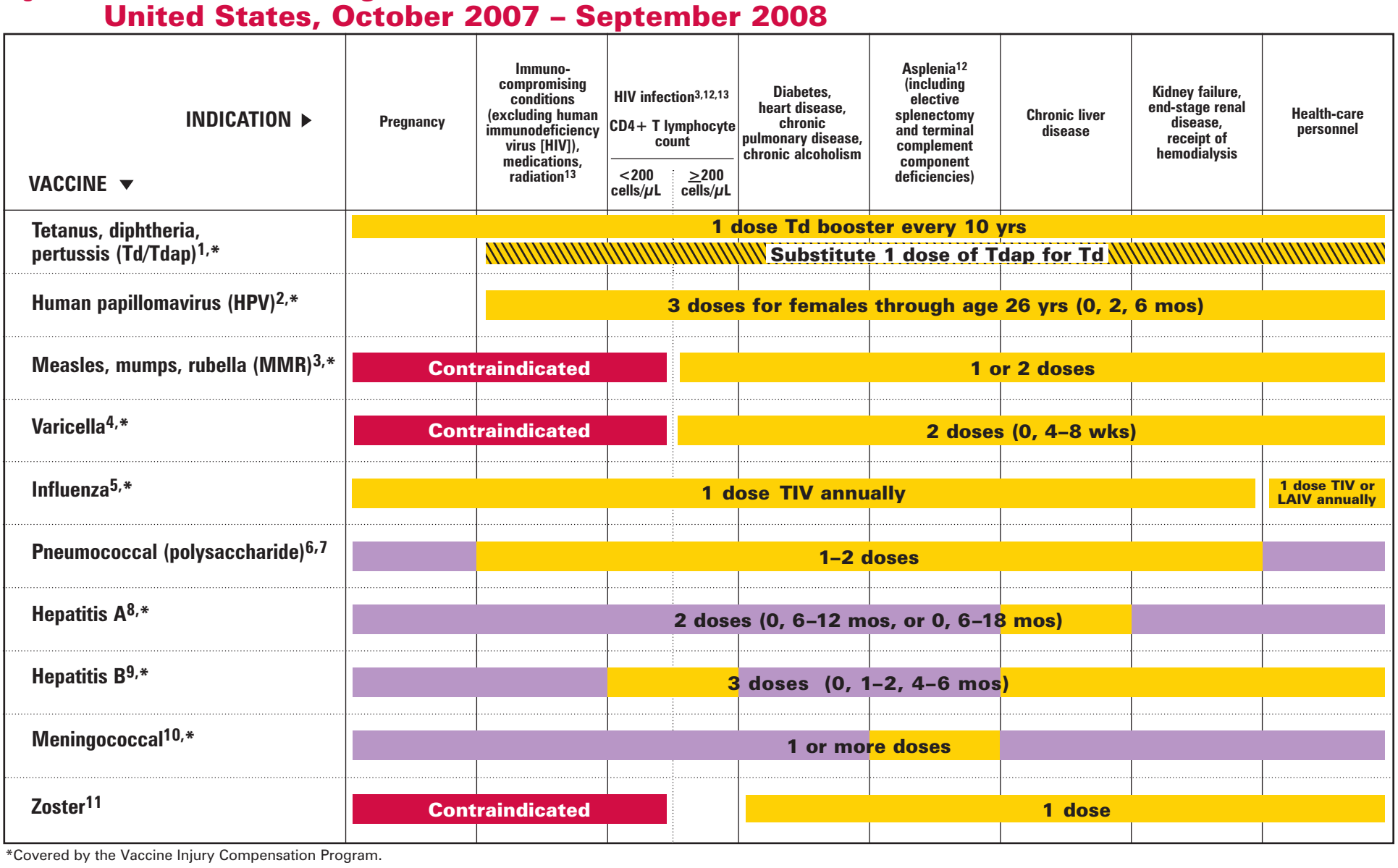
Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Figure 2. Vaccines that might be indicated for adults based on medical and other indications United States, October 2007 – September 2008



*Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of October 1, 2007. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/pubs/acip-list.htm).

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP).

CS115143

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Footnotes

Recommended Adult Immunization Schedule · United States, October 2007 – September 2008

For complete statements by the Advisory Committee on Immunization Practices (ACIP), visit www.cdc.gov/vaccines/pubs/ACIP-list.htm.

1. Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination

Tdap should replace a single dose of Td for adults aged <65 years who have not previously received a dose of Tdap. Only one of two Tdap products (Adacel®[sanofi pasteur]) is licensed for use in adults.

Adults with uncertain histories of a complete primary vaccination series with tetanus and diphtheria toxoid–containing vaccines should begin or complete a primary vaccination series. A primary series for adults is 3 doses of tetanus and diphtheria toxoid–containing vaccines; administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second. However, Tdap can substitute for any one of the doses of Td in the 3-dose primary series. The booster dose of tetanus and diphtheria toxoid–containing vaccine should be administered to adults who have completed a primary series and if the last vaccination was received ≥10 years previously. Tdap or Td vaccine may be used, as indicated.

If the person is pregnant and received the last Td vaccination ≥10 years previously, administer Td during the second or third trimester; if the person received the last Td vaccination in <10 years, administer Tdap during the immediate postpartum period. A one-time administration of 1 dose of Tdap with an interval as short as 2 years from a previous Td vaccination is recommended for postpartum women, close contacts of infants aged <12 months, and all health-care workers with direct patient contact. In certain situations, Td can be deferred during pregnancy and Tdap substituted in the immediate postpartum period, or Tdap can be administered instead of Td to a pregnant woman after an informed discussion with the woman.

Consult the ACIP statement for recommendations for administering Td as prophylaxis in wound management.

2. Human papillomavirus (HPV) vaccination

HPV vaccination is recommended for all females aged ≤26 years who have not completed the vaccine series. History of genital warts, abnormal Papanicolaou test, or positive HPV DNA test is not evidence of prior infection with all vaccine HPV types; HPV vaccination is still recommended for these persons.

Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, females who are sexually active should still be vaccinated. Sexually active females who have not been infected with any of the HPV vaccine types receive the full benefit of the vaccination. Vaccination is less beneficial for females who have already been infected with one or more of the HPV vaccine types.

A complete series consists of 3 doses. The second dose should be administered 2 months after the first dose; the third dose should be administered 6 months after the first dose.

Although HPV vaccination is not specifically recommended for females with the medical indications described in Figure 2, "Vaccines that might be indicated for adults based on medical and other indications," it is not a live-virus vaccine and can be administered. However, immune response and vaccine efficacy might be less than in persons who do not have the medical indications described or who are immunocompetent.

3. Measles, mumps, rubella (MMR) vaccination

Measles component: Adults born before 1957 can be considered immune to measles. Adults born during or after 1957 should receive ≥1 dose of MMR unless they have a medical contraindication, documentation of ≥1 dose, history of measles based on health-care provider diagnosis, or laboratory evidence of immunity.

A second dose of MMR is recommended for adults who 1) have been recently exposed to measles or are in an outbreak setting; 2) have been previously vaccinated with killed measles vaccine; 3) have been vaccinated with an unknown type of measles vaccine during 1963–1967; 4) are students in postsecondary educational institutions; 5) work in a health-care facility; or 6) plan to travel internationally.

Mumps component: Adults born before 1957 can generally be considered immune to mumps. Adults born during or after 1957 should receive 1 dose of MMR unless they have a medical contraindication, history of mumps based on health-care provider diagnosis, or laboratory evidence of immunity.

A second dose of MMR is recommended for adults who 1) are in an age group that is affected during a mumps outbreak; 2) are students in postsecondary educational institutions; 3) work in a health-care facility; or 4) plan to travel internationally. For unvaccinated health-care workers born before 1957 who do not have other evidence of mumps immunity, consider administering 1 dose on a routine basis and strongly consider administering a second dose during an outbreak.

Rubella component: Administer 1 dose of MMR vaccine to women whose rubella vaccination history is unreliable or who lack laboratory evidence of immunity. For women of childbearing age, regardless of birth year, routinely determine rubella immunity and counsel women regarding congenital rubella syndrome. Women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility.

4. Varicella vaccination

All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine unless they have a medical contraindication. Special consideration should be given to those who 1) have close contact with persons at high risk for severe disease (e.g., health-care personnel and family contacts of immunocompromised persons) or 2) are at high risk for exposure or transmission (e.g., teachers; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).

Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980 (although for health-care personnel and pregnant women birth before 1980 should not be considered evidence of immunity); 3) history of varicella based on diagnosis or verification of varicella by a health-care provider (for a patient reporting a history of or presenting with an atypical case, a mild case, or both, health-care providers should seek either an epidemiologic link with a typical varicella case or to a laboratory-confirmed case or evidence of laboratory confirmation, if it was performed at the time of acute disease); 4) history of herpes zoster based on health-care provider diagnosis; or 5) laboratory evidence of immunity or laboratory confirmation of disease.

Assess pregnant women for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the health-care facility. The second dose should be administered 4–8 weeks after the first dose.

5. Influenza vaccination

Medical indications: Chronic disorders of the cardiovascular or pulmonary systems, including asthma; chronic metabolic diseases, including diabetes mellitus, renal or hepatic dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or human immunodeficiency virus [HIV]); any condition that compromises respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, or seizure disorder or other neuromuscular disorder); and pregnancy during the influenza season. No data exist on the risk for severe or complicated influenza disease among persons with asplenia; however, influenza is a risk factor for secondary bacterial infections that can cause severe disease among persons with asplenia.

Occupational indications: Health-care personnel and employees of long-term care and assisted-living facilities.

Other indications: Residents of nursing homes and other long-term care and assisted-living facilities; persons likely to transmit influenza to persons at high risk (e.g., in-home household contacts and caregivers of children aged 0–59 months, or persons of all ages with high-risk conditions); and anyone who would like to be vaccinated. Healthy, nonpregnant adults aged ≤49 years without high-risk medical conditions who are not contacts of severely immunocompromised persons in special care units can receive either intranasally administered live, attenuated influenza vaccine (FluMist®) or inactivated vaccine. Other persons should receive the inactivated vaccine.

6. Pneumococcal polysaccharide vaccination

Medical indications: Chronic pulmonary disease (excluding asthma); chronic cardiovascular diseases; diabetes mellitus; chronic liver diseases, including liver disease as a result of alcohol abuse (e.g., cirrhosis); chronic alcoholism, chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy [if elective splenectomy is planned, vaccinate at least 2 weeks before surgery]); immunosuppressive conditions; and cochlear implants and cerebrospinal fluid leaks. Vaccinate as close to HIV diagnosis as possible.

Other indications: Alaska Natives and certain American Indian populations and residents of nursing homes or other long-term care facilities.

7. Revaccination with pneumococcal polysaccharide vaccine

One-time revaccination after 5 years for persons with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); or immunosuppressive conditions. For persons aged ≥65 years, one-time revaccination if they were vaccinated ≥5 years previously and were aged <65 years at the time of primary vaccination.

8. Hepatitis A vaccination

Medical indications: Persons with chronic liver disease and persons who receive clotting factor concentrates.

Behavioral indications: Men who have sex with men and persons who use illegal drugs.

Occupational indications: Persons working with hepatitis A virus (HAV)–infected primates or with HAV in a research laboratory setting.

Other indications: Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (a list of countries is available at wwwn.cdc.gov/travel/contentdiseases.aspx) and any person seeking protection from HAV infection.

Single-antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6–12 months (Havrix®), or 0 and 6–18 months (Vaqta®). If the combined hepatitis A and hepatitis B vaccine (Twinrix®) is used, administer 3 doses at 0, 1, and 6 months.

9. Hepatitis B vaccination

Medical indications: Persons with end-stage renal disease, including patients receiving hemodialysis; persons seeking evaluation or treatment for a sexually transmitted disease (STD); persons with HIV infection; and persons with chronic liver disease.

Occupational indications: Health-care personnel and public-safety workers who are exposed to blood or other potentially infectious body fluids.

Behavioral indications: Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than 1 sex partner during the previous 6 months); current or recent injection-drug users; and men who have sex with men.

Other indications: Household contacts and sex partners of persons with chronic hepatitis B virus (HBV) infection; clients and staff members of institutions for persons with developmental disabilities; international travelers to countries with high or intermediate prevalence of chronic HBV infection (a list of countries is available at wwwn.cdc.gov/travel/contentdiseases.aspx); and any adult seeking protection from HBV infection.

Settings where hepatitis B vaccination is recommended for all adults: STD treatment facilities; HIV testing and treatment facilities; facilities providing drug-abuse treatment and prevention services; health-care settings targeting services to injection-drug users or men who have sex with men; correctional facilities; end-stage renal disease programs and facilities for chronic hemodialysis patients; and institutions and nonresidential daycare facilities for persons with developmental disabilities.

Special formulation indications: For adult patients receiving hemodialysis and other immunocompromised adults, 1 dose of 40 μg/mL (Recombivax HB®), or 2 doses of 20 μg/mL (Engerix-B®) administered simultaneously.

10. Meningococcal vaccination

Medical indications: Adults with anatomic or functional asplenia, or terminal complement component deficiencies.

Other indications: First-year college students living in dormitories; microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*; military recruits; and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa during the dry season [December–June]), particularly if their contact with local populations will be prolonged. Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj.

Meningococcal conjugate vaccine is preferred for adults with any of the preceding indications who are aged ≤55 years, although meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative. Revaccination after 3–5 years might be indicated for adults previously vaccinated with MPSV4 who remain at increased risk for infection (e.g., persons residing in areas in which disease is epidemic).

11. Herpes zoster vaccination

A single dose of zoster vaccine is recommended for adults aged ≥60 years regardless of whether they report a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition.

12. Selected conditions for which *Haemophilus influenzae* type b (Hib) vaccine may be used

Hib conjugate vaccines are licensed for children aged 6 weeks–71 months. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults with the chronic conditions associated with an increased risk for Hib disease. However, studies suggest good immunogenicity in patients who have sickle cell disease, leukemia, or HIV infection or who have had splenectomies; administering vaccine to these patients is not contraindicated.

13. Immunocompromising conditions

Inactivated vaccines are generally acceptable (e.g., pneumococcal, meningococcal, and influenza [trivalent inactivated influenza vaccine]), and live vaccines generally are avoided in persons with immune deficiencies or immune suppressive conditions. Information on specific conditions is available at www.cdc.gov/vaccines/pubs/acip-list.htm.

Is the vaccine safe?

The hepB vaccine is very safe. The most common side effect is soreness at the place where the shot was given.

Before babies are given the hepB vaccine, their parents should be given a form called Hepatitis B Vaccine, What You Need To Know. This form gives information about the vaccine. Parents are asked to read the form and then talk with the doctor or nurse if they have questions.

Should older children get the hep B vaccine?

All children and teenagers should get the hepB vaccine. Parents can talk to their children's doctor or nurse about getting the vaccine.

Should anyone else get the shots?

People should get the hepB vaccine if they:

- live with someone who has the hepatitis B virus
- have more than one sexual partner
- have a sexually transmitted disease
- are a hemodialysis patient
- get blood products
- have liver disease
- come into contact with blood at their jobs
- inject drugs

More information

For more information, call your child's doctor, local health department, or the Michigan Department of Community Health Perinatal Hepatitis B Prevention Program at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

Websites

Michigan Department of Community Health
www.michigan.gov/hepatitisb

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/hepatitis

Immunization Action Coalition
www.immunize.org

Hepatitis B Information and Support List
www.hblist.org

PROTECT YOUR CHILDREN TODAY BY HAVING THEM GET THEIR HEPATITIS B SHOTS!

Michigan Department of Community Health

MDCH

Jennifer M. Granholm, Governor
Janet Olszewski, Director

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Rev. 11/06

Hepatitis B: What Parents Need to Know

With special information for pregnant women

What is hepatitis B?

Hepatitis B is a disease caused by a virus that infects the liver. People often show no signs of having the virus. Most people who get the virus get better in a few months, but some carry the virus in their blood all their lives (they are called carriers). In the United States, about 51,000 people get hepatitis B every year, and about one million people are carriers.

Babies can get hepatitis B at birth if their mother has the hepatitis B virus.

Babies and young children may also get hepatitis B if they come into contact with blood or body fluids from their mother or from people they live with who have hepatitis B. The younger you are when you get hepatitis B, the more likely you will become a carrier of the disease.

How do you get hepatitis B?

You can get it:

- **at birth, if your mother has the virus**
- by having sex or sharing needles with someone who has the virus
- by sharing personal things like razors and toothbrushes with a person who has the virus

One out of three people with the hepatitis B virus does not know how he or she got it.

How do you know if you have hepatitis B?

Hepatitis B can make you feel tired or sick and can sometimes make your skin and eyes yellow.

Many people don't know they have hepatitis B, because they don't feel or look sick. Even if you don't look or feel sick, you can still get liver disease and give hepatitis B to others.

The only way to know if you have hepatitis B is to get a blood test.

Women should be tested for hepatitis B surface antigen (HBsAg) during EACH pregnancy to see if they have the hepatitis B virus.

How can babies be safe from getting hepatitis B?

If a test shows that a pregnant woman has the hepatitis B virus in her blood, her baby can get this virus at birth. Babies born to women who have the hepatitis B virus need:

- hepatitis B immune globulin (HBIG) and hepatitis B (hepB) vaccine WITHIN TWELVE HOURS OF BIRTH
- a second shot of hepB vaccine at one to two months of age
- a third shot at six months of age
- a blood test three to nine months after the last shot to make sure that they are safe from getting the hepatitis B virus

Babies born to women who do NOT have the hepatitis B virus should also get the hepB vaccine:

- starting at birth
- at one to two months of age
- on or after six months of age

MOTHERS . . .

Take this card with you when you go to the hospital. Give it to your nurse. This is one more way to help protect your baby from getting the hepatitis B virus.

Don't share hepatitis B with your baby.

You have the hepatitis B virus in your blood, and you could give this virus to your baby at birth. If your baby does get hepatitis B, he or she could become ill. Your baby could also give the virus to others.

How to protect your baby . . .

Babies born to mothers who have the hepatitis B virus should get:

- Hepatitis B immune globulin (HBIG) and hepatitis B (hepB) vaccine within 12 hours of birth
- A second dose of hepB vaccine one-two months after the first dose
- A third dose at six months of age
- A blood test at nine to eighteen months of age (3 months after the completion of the vaccine series)

If you have questions about this program, or about how to get free hepB vaccine or free blood tests for your baby, household or sexual contacts, please call the Michigan Department of Community Health Perinatal Hepatitis B Program at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

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ALERT
ALERT
Must
Complete
Hep B Series
and have a
Blood Test.
ALERT

STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

Official State of Michigan Immunization Record

MCIR ID#:	10218507326	**Gender:**	M	**Patient ID#:**	
Name:	Michigander, Little	**Age:**	2 Months 25 Days	**DOB:**	01/01/2008
As of:	March 26, 2008				
Provider:	Assessment indicates that vaccinations are overdue and should be administered today if not medically contraindicated.				

History of Shots Given by Series

Vaccine Series	Dose#1	Dose#2	Dose#3	Dose#4	Dose#5	Dose#6	Dose#7
Hepatitis B	01/01/2008						
Various Immune Globulins	01/02/2008						

Immunization Status and Shots Needed

Vaccine Series	Next Dose Due	Accelerated Due Date	Recommended Date	Overdue Date
DTP/DTaP/DT/Td/Tdap	1	02/12/2008	03/01/2008	04/01/2008
Polio	1	02/12/2008	03/01/2008	04/01/2008
MMR	1	01/01/2009	01/01/2009	04/01/2009
Hib	1	02/12/2008	03/01/2008	03/01/2008
Hepatitis B	2	01/29/2008	03/01/2008	06/01/2008
Varicella	1	01/01/2009	01/01/2009	04/01/2009
Pneumococcal Conjugate	1	02/12/2008	03/01/2008	04/01/2008
Rotavirus	1	02/12/2008	03/01/2008	03/25/2008
Hepatitis A	1	01/01/2009	01/01/2009	07/01/2009
Influenza	1	07/01/2008	07/01/2008	07/01/2008

Shots given Today

Vaccine Type	Date	Dose Qnty	Site	Mfg	Lot#	VIS Date	Signature

Signature:_____ **Date:**_____/_____/_____

INDIVIDUAL IMMUNIZATION RECORD

BRING THIS RECORD FOR IMMUNIZATIONS

NAME (Last, First, Middle)

BIRTHDATE / /

BIRTH NAME

VACCINE		TYPE OF VACCINE	DATE GIVEN Mo/Day/Year	HEALTH PROFESSIONAL OR CLINIC	DATE NEXT DOSE DUE
Diphtheria-Tetanus-Pertussis (DTaP/DTP/DT/Td/Tdap)	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
Haemophilus Influenza **type B (Hib)**	1				
	2				
	3				
	4				
Hepatitis B (HepB)	1				
	2				
	3				
	4				
Polio (IPV/OPV)	1				
	2				
	3				
	4				
Pneumococcal Conjugate (PCV7)	1				
	2				
	3				
	4				
Rotavirus (Rota)	1				
	2				
	3				
Hepatitis A (HepA)	1				
	2				
	3				
Measles-Mumps-Rubella (MMR)	1				
	2				
Varicella (Var) Chickenpox	1				
	2				
	HX of chickenpox				
Meningococcal (MCV4/MPSV4)	1				
	2				
Human Papillomavirus (HPV4)	1				
	2				
	3				
Zoster *Shingles*	1				
Pneumococcal Polysaccharide PPV23	1				
	2				
Influenza (TIV/LAIV)**					
Other					

** Influenza vaccine recommendations change from year to year. Please check www.michigan.gov/flu for the most current changes, or call your local health department.

Combination vaccines should always be documented under each antigen.

Please see note section on other side.

STATE OF MICHIGAN

OFFICIAL IMMUNIZATION RECORD

For Children and Adults

Name: _____ Sex: ☐ F ☐ M

Birthdate: ____/____/____

Special Problems: _____

Physician/Clinic: _____
Name Telephone

Parent/Guardian: _____
Name Telephone

Getting immunized is a life-long job that prevents serious diseases.

- Children 11-12 years of age need shots to prevent tetanus, diphtheria, pertussis (whooping cough), and meningococcal disease. Girls should receive human papillomavirus vaccine.
- All adults (not just the elderly) need vaccines to protect them from severe illnesses.
- Many people need yearly influenza vaccine. Ask if you or one of your family members should get flu vaccine.

Keep track of the immunizations you and your child have received.

- Bring your immunization card to every medical visit. This is necessary for children and adults.
- Ask to have your card updated every time vaccines are given.
- The Michigan Care Improvement Registry (MCIR) keeps immunization records for Michigan residents. Ask if the vaccine you or your child received is entered in MCIR.*
- Children must meet Michigan's immunization requirements to enroll in any nursery, day care, preschool or head start program, and public or non-public school.

*"Under Public Act 540 of 1996 and he Administrative Rules [R325.163] which govern the immunizations given to children, a physician who administers immunizations to a child under the age of 20 years is required to report this information to the Michigan Care Improvement Registry (MCIR), formally the Michigan Childhood Immunization Registry."

Notes: _____

FOR MORE INFORMATION: Call your health care provider, local health department, 1-888-767-4687, www.michigan.gov/immunize or www.cdc.gov/vaccines

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